

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M11000004490

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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Name : COMPUTERSHARE  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
APOLLO RETAIL SPECIALISTS, LLC**

Certificate of Status	1
Certified Copy	0
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2024 DEC 31 AM 11:01  
TALLAHASSEE, FL  
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FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Apollo Retail Specialists LLC

Enter new principal office address, if applicable: 3802 Corporex Park Dr., Suite 225

(Principal office address  
MUST BE A STREET ADDRESS) Tampa, FL 33619

Enter new mailing address, if applicable: 3802 Corporex Park Dr., Suite 225

(Mailing address  
MAY BE A POST OFFICE BOX) Tampa, FL 33619

2. The Florida document number of this limited liability company is: M11000004490

3. Jurisdiction of its organization: NC

4. Date authorized to do business in Florida: 09/07/2011

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Channel Partner Solutions, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

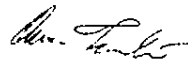
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



\_\_\_\_\_  
Signature of the authorized representative

Ariana Turoski, Special Manager

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "APOLLO RETAIL SPECIALISTS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CHANNEL PARTNER SOLUTIONS, LLC" ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2024, AT 4:37 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHANNEL PARTNER SOLUTIONS, LLC" WAS REGISTERED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2017.



6386467 8320  
SR# 20244635519

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205251928  
Date: 12-30-24