M46647

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: APOLLO SUPPL	Y CO., INC.	
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ELOINA MARTINEZ		
	· 	Name of Contact Person	n
	APOLLO SUPPLY CO., INC	C.	
		Firm/ Company	
	7180 SW 42 TER	# 700 # 700 #	
	 	Address	
	MIAMI, FL 33155		
		City/ State and Zip Cod	e
LOLE	TA0610@YAHOO.COM		
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call;	
ELOINA MARTINEZ		786	499-9963
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations (Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

APOLLO SUPPLY CO., INC.

APOLLO SOPPLA CO., INC.			
(<u>Name</u> o	f Corporation as currently fil	ed with the Florida Dept. of State)	
M46647			
	(Document Number of Co	poration (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
		The new	
	ation "Corp," "Inc," or "Co"	"company," or "incorporated" or the abbreviation A professional corporation name must contain the	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new	DFFICE BOX) - d/or registered office address	in Florida, enter the name of the	コニガン
Name of New Registered Agent	7190 0 397 (2 700)		
	7180 S.W. 42 TER		
	(Florida street a		
New Registered Office Address:	MIAMI	, Florida 33155	
	(City	7) (Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. Tam jdmiliar with	and accept the obligations of the position. tered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; \tilde{V} = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PST	JORGE A. TARAJANO	7180 SW 42 TER
Add X Remove			MIAMI, FL 33155
2) X Change	PST	ELOINA MARTINEZ	7180 SW 42 TER
Add			MIAMI, FL 33155
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			*
Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			
Romava			

	nending or adding additional Art the additional sheets, if necessary).	(Be specific)	
			
		·	
	· ·		
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nrov	visions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)		
1		****	
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1			- 1244
Α			

The date of each amendment(s) ac	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, the partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendm officient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareh	ıolder
action was not required.	opted by the incorporators without shareholder action and shareholder $\frac{1}{12}$	r
(By a d selecte	irector, president or other officer – if directors or officers have not bd, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	ELOINA MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	