## P12000056387

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SECRETARY OF STATE

MAY 0 8 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corpora				
NAME OF CORPORA	TION: Apollo Eq	uity, Inc.		
DOCUMENT NUMBE	<sub>R:</sub> P12000056	387		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
C	Carol Downs			
_		Name of Contact Persor	1	
A	Apollo Equity			
		Firm/ Company		
300 Himmarshee Street #2				
F	ort Lauderdal	e, FL 33312		
_		City/ State and Zip Code	<u> </u>	
accounting@dynamixcloud.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Carol Downs	3	at (954	719-4071	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
	ng Address dment Section		Address Iment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of

Apollo Equity, Inc.	
(Name of Corporation as currently filed with the Florida Dept	. of State)
12000056387	
(Document Number of Corporation (if known)	
suant to the provisions of section 607.1006, Florida Statutes, this Florida Pro	fit Corporation adopts the followi
Articles of Incorporation:	•
If amending name, enter the new name of the corporation:	
ynamix Lab, Inc.	
ne must be distinguishable and contain the word "corporation," "compa orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro- ed "chartered," "professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable:	
incipal office address <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	ida, enter the name of the
If amending the registered agent and/or registered office address in Florinew registered agent and/or the new registered office address:	ida, enter the name of the
	ida, enter the name of the
Name of New Registered Agent  Name of New Registered Agent	ida, enter the name of the
	ida, enter the name of the
Name of New Registered Agent  Name of New Registered Agent	ida, enter the name of the , Florida(Zip Code)

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; 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 <math>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	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del> </del>
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).		
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shar	·es.
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	_
(ij noi applicable, maicale 1971)		
<del></del>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required	
Dated 4/21/15	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Carol Downs	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	