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CHARLAMASSEE, FLORIE

AUG 11 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	D14000062649				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment	and fee are submitted for filing.				
Please return all correspondence cond	erning this matter to the following:				
	PEDRO A. RIBEIRO DA S	ILVA			
Name of Contact Person					
	7255 W LAGO DRIVE				
Address					
CORAL GABLES, FL 33143					
	City/ State and Zip Cod	e			
	ALOISIO@CEIMIA.CO	M			
E-mail ad	dress: (to be used for future annual report	notification)			
For further information concerning th	is matter, please call:				
ALOISIO SOARES	S at (305) 499-9799			
Name of Contact Pers		de & Daytime Telephone Number			
Enclosed is a check for the following	amount made payable to the Florida Depa	artment of State:			
	Filing Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Sectio Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n Ameno ations Divisio Clifton 314 2661 E	Address Imment Section In on of Corporations In Building Executive Center Circle Cassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

FALFD

APOLO CAPITAL INVESTMENT INC

(Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FLORIDA P14000063648 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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; 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> <u>John</u>	Doc		
X Remove	V Mike Jones			
X Add	SV Sally	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	<u> </u>	PEDRO A. RIBEIRO	7255 W LAGO DR	
Add			CORAL GABLES, FL 33143	
X Remove				
2) Change	T	PEDRO A. SILVA	7255 W LAGO DR	
Add			CORAL GABLES, FL 33143	
X Remove				
3) Change	MGRM	TIDE RUNNER CAPITAL INC	PORTCULLIS TRUSTNET	
X Add			P O BOX 3444, Road Town	
Remove			Tortola, BVI	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)
N/A	
	land of the state
an amendment provides for an exch	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	JUNE 24th, 2015	, if other than the
date this document was signed.		
Effective date if applicable:		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State		this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approx		dment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group		
"The number of votes cast for the amendmen	u(s) was/were sufficient for approval	
by		
(voting gi	гоир)	
The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareho	lder
Dated07/20/20	15	
Signature A	banh	
(By a director, president	or other officer - if directors or officers have no	
sclected, by an incorpora appointed fiduciary by the	tor $-$ if in the hands of a receiver, trustee, or otheat fiduciary)	er court
P	EDRO A. RIBEIRO DA SILVA	
(Type	d or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	