P21000058067

(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:-Amendment Section Division of Corporations

NAME OF CORPO	RATION: GF APOLLO INC		
DOCUMENT NUM	P21000058067		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	GILBERT FERNANDEZ		
		Name of Contact Persor	1
	GF APOLLO INC		
		Firm/ Company	
	1000 W Pembroke Road Suit	te 109	
		Address	
	Hallandale, FL 33009		
		City/ State and Zip Code	3
	gfapolloinc@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, plead	se call: at (777-3681
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 NOV 30 AH II: 23

GF APOLLO INC		<u> </u>
	of Corporation as curren	tly filed with the Florida Dept. of State CR OF S. I. ALLAMASSEE, F
P21000058067		
	(Document Number	of Corporation (if known)
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new n	ame of the corporation:	
		The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,	Corp." "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		1000 W Pembroke Road
		Suite 109
		Hallandale, FL 33009
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1000 W Pembroke Road
		Suite 109
		Hallandale, FL 33009
		lress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	GILBERT FERNANDEZ	
	1000 W Pembroke Road	Suite 109
	•	reet address)
	Haliandale	, Florida
New Registered Office Address:	-	(City) (Zip Code)

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2)Change			
Add			
Remove 3) Change		_	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
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f an amanduuant nuarddan fan an arab	hange, reclassification, or cancellation of issued shares,
nrovisions for Implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
•	

•

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated X 1/27/22
Signature Straw
(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)
GILBERT FERNANDEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)