L20000180502

(Requestor's Name)	
(Address)	000354370940
(Address)	00000-107-00-10
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	11,/02/2001028030 **25
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COVER LETTER

TO: Registration S Division of Co			,
ALEXAN: SUBJECT:	DROU-KOKKINAKOS FINA	NCIAL SERVICES, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	GEORGE ALEXANDRO	Ü	
		Name of Person	
	ALEXANDROU-KOKKI	NAKOS FINANCIAL SERVICES	.11.C
		Firm/Company	-2.
	17 N PINELLAS AVENU	JE	7
	**************************************	Address	ب. پ.
	TARPON SPRINGS, FL.	34689	36
		City/State and Zip Code	
	OFFICE@GFITARPON.C		
For further information c	n-man address; to concerning this matter, please c	to be used for future annual report note all:	(Beation)
GEORGE ALEXANDR	OU	727 493-2908	
Name o	rf Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration ! Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	
Tallahassee,	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEXANDROU-KOKKINAKOS FINANCIAL SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company)	, <u></u>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000180502}{L20000180502}$	were filed on 06/26/2020	and assigned
Piorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
		⊷ 2
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L1,	.C" or the abbreviation "L.L.C." '
·		75
Enter new principal offices address, if applicable:		•=====================================
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		P =
	•	<u>.</u>
		ည်း တိ
Enter new mailing address, if applicable:		· 3)
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office :	addraw an aur raaarde anta	r the nume of the new regists
agent and/or the new registered office address here:	address on our records, cine	t the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
ter registered critical registering.	Enter Florida street addre	CNS
	, Florida	
	Cuy	TloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	•	• 1
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. If	urther agree to comply with

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR MGR	SCOTT RASPOPOVICH	5147 S LAKELAND DR STE 3	
		LAKELAND, FL 33813	□Remove
			□Change
			□Add
			Remove
		**	
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Add □Remove
			□Change
			①Add
			□Remove
			□Change

	
	
	<u> </u>
08 01 2020	(optional)
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of more ote: If the date inserted in this block does not meet the applicable statutory filing re ocument's effective date on the Department of State's records	than 90 days after filling) Pursuant to 605,0207
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	the earlier of: (b) The 90th day after the
October 27 2020	
C-An	
Signature of a member or authorized representative of	a member

Filing Fee: \$25.00