

LD4000021663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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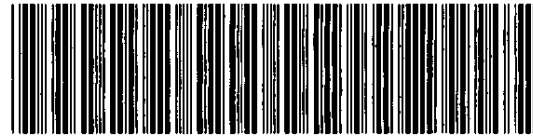
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**L. SELLERS**

AUG 20 2008

**EXAMINER**

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TALLAHASSEE FLORIDA

**SIMON, SIGALOS & SPYREDES**

PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW  
3839 NW BOCA RATON BOULEVARD  
SUITE 100  
BOCA RATON, FLORIDA 33431

MICHAEL W. SIMON  
GEORGE L. SIGALOS  
ANASTASIOS TOM SPYREDES  
DAMON E. GASSER  
JENNIFER L. BOUSSY

TELEPHONE (561) 447-0017  
FACSIMILE (561) 447-0018

August 14, 2008

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: A.F. of Griffin Road, LLC

To Whom It May Concern:

Enclosed please find the following in connection with the above noted limited liability company:

1. Check in the amount of \$25.00 representing the filing fees;
2. Executed Articles of Amendment to Articles of Organization of A.F. of Griffin Road, LLC; and
3. Self addressed stamped envelope for the return of a copy of the filed Amendment.

Please file this document and return same to me in the self- addressed stamped envelope provided for your use.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Michael W. Simon

MWS:hg  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A.F. OF GRIFFIN ROAD, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael W. Simon

(Name of Person)

Simon, Sigalos & Spyredes, PA

(Firm/Company)

3839 NW Boca Raton Blvd., #100

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael W. Simon at ( 561 ) 447-0017  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

A.F. OF GRIFFIN ROAD, LLC ■

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

The Articles of Organization for this Limited Liability Company were filed on March 22, 2004 and assigned  
Florida document number L04000021663. ■

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3839 NW Boca Raton Blvd., #100

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33431

Enter new mailing address, if applicable:

3839 NW Boca Raton Blvd., #100

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, Florida 33431

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Michael W. Simon

New Registered Office Address:

3839 NW Boca Raton Blvd., #100

*(Enter Florida street address)*

Boca Raton

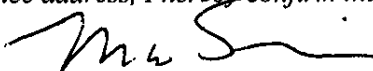
*(City)*

Florida 33431

*(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*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 608, 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)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

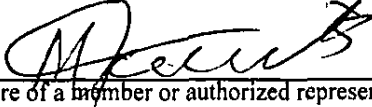
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Apollo Lakis PLaza, LLC	3839 NW Boca Raton Blvd., #100 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Alexander Fernandez	12323 SW 55th Street #1007 Southwest Ranches FL 33330	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 13, 2008

  
Signature of a member or authorized representative of a member

Theodoros Lakis Debeyiotis

Typed or printed name of signee

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