

LD7000 051442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

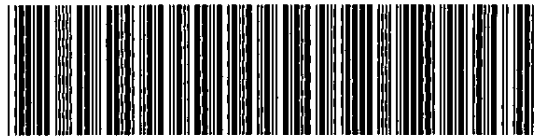
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Sam Karamountzoglou*  
AUTHORIZATION BY PHONE TO  
CORRECT name  
DATE 3/26/08  
BY fyam

Office Use Only



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03/24/08--01043--019 \*\*60.00

*N/A*

FILED  
08 APR -9 AM 11:19  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. T. Lock APR 09 2008



**Date:** April 2, 2008

**To:** Brenda Tadlock  
Division of Corporations  
State of Florida

**From:** Missy Deetz  
Assistant to Sam Karamountzos

**Re:** Name change for Greek City, LLC  
L07000051442

Last week, you and I spoke regarding Sam Karamountzos' request to change the name of Greek City, LLC back to Eleni's, LLC. As you may remember, you were not able to process the name change as another limited liability company had taken a name very similar to Eleni's, LLC.

Mr. Karamountzos is submitting another request for name change. He would like to change Greek City, LLC to Greek Style, LLC. If this name is available, could you apply the \$60.00 that is due to be refunded to Mr. Karamountzos?

You if have any questions, please call me at (727) 230-6850.

Thank you for you assistance.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Greek City, LLC (formerly Eleni's, 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:

Sam Karamountzos  
(Name of Person)

Greek City, LLC  
(Firm/Company)

1222 Cleveland Street  
(Address)

Clearwater, FL 33755  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sam Karamountzos at ( 727 ) 230-6850  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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 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

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

Greek City, LLC

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

08 APR -9 AM 11:19  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on May 15, 2007 and assigned  
Florida document number L07000051442.

This amendment is submitted to amend the following:

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

Greek Style, LLC

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

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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)

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<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.)*

\_\_\_\_\_

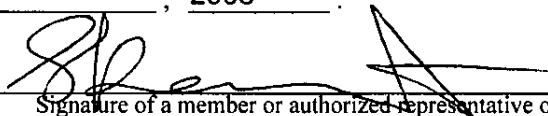
\_\_\_\_\_

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\_\_\_\_\_

Dated April 1, 2008



Signature of a member or authorized representative of a member

Sam Karamountzos

Typed or printed name of signee