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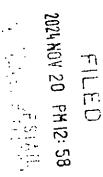
(Requestor's Name)	
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COVER LETTER

TO:

TO: Registration S Division of Co			
BILIRAKI	S LAW GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The anglesed Articles of	f Amendment and fee(s) are sub	mitted for Clina	
		•	
riease return all corresp	ondence concerning this matter	to the following:	
	Michael Faehner		
		Name of Person	
	Faehner PLLC		
		Firm/Company	
	301 WOODLANDS PARI	CWAY #10	
		Address	
	OLDSMAR, FL 34677		
		City/State and Zip Code	
	mmiaoulis@bilirakislaw.cc E-mail address: (om to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Michael Faehner		727 443-5190	
Name	of Person	Area Code Daytim	e 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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF 2024 NOY 20 PM 12: 57

BILIRAKIS LAW GROUP, 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 Compar	ny were filed on 12/26/2007	and assigned
Florida document number L07000128197		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
Miaoulis Law LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		a ea ea
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter t	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
	P.	
	H I O	orida

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 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 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>	Address	Type of Action
Secretary	MIAOULIS, SHIRLEY A	33715 US HIGHWAY 19 NORTH	□Add
		PALM HARBOR, FL 34684	Remove
			□Change
			□Add
			☐Remove
			□Change
			□Remove
			□Change
			Remove
			□Add
			□Remove
			🗆 Change
		-	
			Remove
			Псь

(option (option) (opt	nal) filing.) Pursuant to 605.0 date will not be listed
n the earlier of: (b)	The 90th day after t
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2	g requirements, this

Filing Fee: \$25.00