LOSODOOSO

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasiness Entry Hame)				
(Document Number)				
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EXAMINER				

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OR DEC TO AH 8: 58

COVER LETTER

Division of Con	rporations		
_{SUBJECT:} Limass	ol Lounge, LLC		
		nited Liability Company)	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		to me tone wing.	
	Marios Constantinou		
		(Name of Person)	·····
	Limassol Lounge, LLC		
		(Firm/Company)	
	616 Oak Point Circle		
	O TO OAK FOILIT CITCLE	(Address)	
	B		
	Davenport, FL 33837	(City/State and Zip Code)	
For further information c	concerning this matter, please c	all:	
Marios Constantinou		at (407) 301-8286	
(Name of Person) (Area Code & Daytime Telephone Number		elephone Number)	
Enclosed is a check for the	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 ADDRESS:

TO:

Registration Section

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

	LIMASSOL LOUNGE, LL	C	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document number L080000060300	Company were filed on _U	JNE 19, 2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Com	pany," the designation "LI	.C" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter th	e name of the nev
Name of New Registered Agent:	·	<u>.</u>	
New Registered Office Address:	(1	Enter Florida street addr	ress)
		Florida	7.0 0
	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen	nt and agree to act in this	capacity. I further agre	e 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Stella Diane Constantinou	315 Black Springs Lane Winter Garden,FL 34787	Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necesso	ary.)
_			
 Dated	12-04-08		08 TAL
	12-04-08, Waring Co Signature of a mem	ber or authorized representative of a member	DEC 10
	Marios Constantinou	ped or printed name of signee	
	-71	Page 2 of 2	9: 58 8: 58
		Filing Fee: \$25.00	D _A