## LUS 0000 77452

(Requestor's Name)		
(Address)	7003517	757967
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	09/10/2001	089925 <b>*</b> *30.00
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		~ .
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Office Use Only

## **COVER LETTER**

grand pro-		COVER LETTER	
TO: Registration So Division of Cor			
SUBJECT:	Theophany,	LL-C	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mic	hael T. Kouliano	5
		Name of Person	
	<del> </del>	Firm/Company	
	7080E	Ackola Pt.	
		Address	<del></del>
	Lon	Achola Pt.  Address  ywood, FL 32779  City/State and Zip Code	Ī
		City/State and Zip Code	
	Kou'	liking @ yahoo.	20m
The first information of	E-mail address: ( concerning this matter, please c	to be used for future annual report noti	neation)
Michael T.	Koulianus	at (949) 293-	0645
Name o	of Person	Area Code Daytim	e Telephone 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 Addres	ss:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

1 heophany LLC	<u> </u>
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number <u>しの8 0000 ワイ482</u>	were filed on 8/12/2008 and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab Thesphany Gbbal LLC he new name must be distinguishable and contain the words "Limited Liabi	<del></del>
ne new name must be distinguishable and contain the words "Limited Liabi	
nter new principal offices address, if applicable:	2086 Acikola Pt.
Principal office address MUST BE A STREET ADDRESS)	Longwood, FL 32779
nter new mailing address, if applicable:	P.O. BOX 950640
Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 950640 Lake MARY FL 32795
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	Michael T. Koulianos 2086 AcKola Pt.
New Registered Office Address: (NCW)	
	Enter Florida street address  Lorgwood Florida 32779  City Zip Code
ew 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 Changing Registered Agent, Signature of New Registered Agent

Same just signing in

Page 1 of 3 order to change address

\*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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGK	Michael T. Koulianos	2006 Ackola Pt.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Longuesel, Fr. 32799	□ Remove
			Schange
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## Page 2 of 3

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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reffe <u>te:</u> l	re date, if other than the date of filing:
he s	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 30th day after the record is filed.
ed _	Signature of a member or authorized representative of a member
	Agritture of a member or authorized representative of a member
	Hungging Mon bee

Page 3 of 3

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