

LO90000 14374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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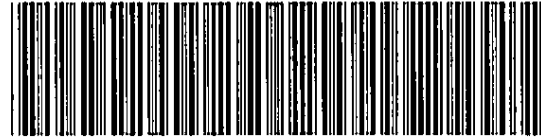
(Business Entity Name)

(Document Number)

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T. LEMUEUX
OCT 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 269 PARK, 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:

DIONYSIOS TRAVLOS
Name of Person
269 PARK, LLC
Firm/Company
269 PARK AVENUE
Address
LONGWOOD, FL 32750
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIONYSIOS TRAVLOS 407 947-1907
Name of Person at () 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

269 PARK, LLC

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DIONYSIOS TRAVLOS	159 OAK GROVE CIRCLE	<input type="checkbox"/> Add
		LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIONYSIOS TRAVLOS LIVING TRUST DATED JANUARY 7, 2016	159 OAK GROVE CIRCLE	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 26 . 2020

Acenia Soliman attorney for Dionysios Trawlos
Signature of a member or authorized representative of a member

Rania Soliman Esq. for Dionysios Trawlos