Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000056245 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone : (954)525-7500

Fax Number : (954)761-8475

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:		<del></del>
	Address:	Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KOUKLA FAMILY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAK 1 % 2010

TRIPP SCOTT

## FILED 10 MAR 1410000056245 SECRETARY OF STATE TALLAHASSEE, FLORIDA.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOUKLA FAMILY	HOLDINGS,	LLC_	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	03/10/2010	and assigned
Florida document numberL10000026939			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> ;	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Comp	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:	1200 HOLIDAY DRIVE		
(Principal office address MUST BE A STREET ADDRESS)			
	FORT LAUD	ERDALE, FL 333	16
Enter new mailing address, if applicable:	1200 HOLID	AY DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	#308		
	FORT LAUDERDALE, FL 33316		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		'1	
New Registered Office Address:			
	En	nter Florida street add	ress
		, 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

H10000056245

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>	Name	<u>Address</u>	Type of Action
MGRM	STILIADIS FAMILY TRUST	1200 HOLIDAY DRIVE #408 FORT LAUDERDALE, EL-33316	Add Remove
MGR	NICK STILIADIS	1200 HOLIDAY DRIVE #308 FORT LAUDERDALE, FL 33316	✓ Add ———— Remove
			<del></del>
			Add
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	· <i>)</i>
			TO MAR I SEGRETA FALLAHAS
Dated	MARCH 11 20	110	FILED R II AN 8: IARY OF STA IASSEE, FLOR
	•	or authbrized representative of a member	<b>15 6 6 6</b>
		or printed page of signee	

Page 2 of 2

Filing Fee: \$25.00