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COVER LETTER

TO: · Registration Division of	on Section Corporations		
SUBJECT:	Stefanos O	Urmet Desse ted Liability Company	rts, LLC
The enclosed Article	es of Amendment and fee(s) are subn	nitted for filing.	
Please return all com	respondence concerning this matter t	o the following:	
	Resly	Kras Name of Person	
	Stefa	nos Gelato Firm/Company	
	395	9 Van Dyke	Rd #308
	LU	tz, FL 335	558
	KKras (a) E-mail address: (to	City/State and Zip Code Stefanos aclast be used for future annual report not	O. COM
For further informati	ion concerning this matter, please ca	II:	
<u>Kelly</u>	J KRAS une of Person	at (8/3) 850 Area Code Daytim	0-9200 ne Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	ce \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \(\frac{1/(2010)}{2010} \) and assigned Florida document number \(\frac{10000071706}{2000} \) This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

\[
\frac{5}{2000} \frac{5}{2000} \frac{10000}{2000} \]

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

\[
\frac{3959}{2000} \frac{30558}{2000} \]

Enter new mailing address, if applicable:

\[
\frac{3959}{2000} \frac{30558}{2000} \]

Enter new mailing address, if applicable:

\[
\frac{3959}{2000} \frac{30558}{2000} \]

Enter new mailing address, if applicable:

\[
\frac{3959}{2000} \frac{30558}{2000} \]

Enter new mailing address MAY BE A POST OFFICE BOX)

\[
\frac{3959}{2000} \frac{30558}{2000} \]

Enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

\[
\frac{30508}{2000} \frac{3000}{2000} \fr

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 NewRegistered Agent

Enter Florida street address

Florida

Page 1 of 3

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ferrara Frank	78 Lind bergh St.	Add
		Massapequa Park, NY 1176Z.	Remove
		11 10 2.	□ Change
MGRM	Ferrara, Janice	3959 Van Dyke Rol #308	3_ 🗆 Add
		LUTZ, FZ 33558	Remove
		<u> </u>	Change
MGRM to MGR	Kelly Kras	3959 Van Dyke Rd #308 Lutz Fi 33558	Add
MGR		Lutz 12 33558	Remove
		 	Change
		<u> </u>	□ Remove
			Change
			Add
		- Control of the cont	Remove
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		SSFE	Add Add
		FLORID	Remove
		, ***	Change
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ument's effe	ctive date on the D	epartment of S	itate's records.					
record spe The 90th da	ecifies a delayed ay after the rec	d effective do	late, but not	an effective t	ime, at 12:0)1 a.m.	on the	e earlier
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	, 0	Signature of a r	member or author	ized representative	of a member	SVH VI	1	Carteria.
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	- Kelly	Kras.	Typed or printed	name of signee		ETARY OF STATE	5 A II: 03	

Filing Fee: \$25.00