

L110000 10624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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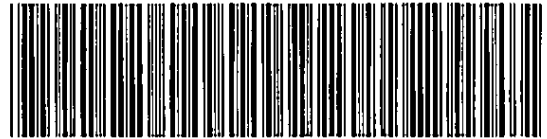
(Business Entity Name)

(Document Number)

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SEP 22 2020

S. YOUNG

2020 AUG -3 AM 7:07

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CLERK OF SUPERIOR COURT  
SOUTH DAKOTA  
SIOUX FALLS, SD

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ACROPOLIS RESTAURANT OF NEW TAMPA 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:

GEORGE FERZLI

Name of Person

ACROPOLIS RESTAURANT OF NEW TAMPA LLC

Firm/Company

14947 BRUCE B DOWNS BLVD

Address

TAMPA FL 33613

City/State and Zip Code

FERZLI1@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE FERZLI

813  
at ( )

404-4868

Name of Person

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

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

ACROPOLIS RESTAURANT OF NEW TAMPA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/26/2011

Florida document number 11000010624

This amendment is submitted to amend the following:

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

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

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the 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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, 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 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**

**FILED**  
2020 AUG -3 AM 7:07  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO  
FLORIDA

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>
MGRM	GEORGE FERZLI	5404 HOIVER BLVD UNIT 2	<input type="checkbox"/> Add
		TAMPA FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SOUBHI WAEZ	4715 W MELROSE AVE	<input checked="" type="checkbox"/> Add
		TAMPA FL 33629	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.

**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.

Dated \_\_\_\_\_ JULY 01 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee