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(Re	equestor's Name)			
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of	Corporations "				
SUBJECT:		INVESTMENTS, LLC			
30bape1		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matte	r to the following:			
	R	RODNEY S WHITE, CPA Name of Person			
		Name of reson			
	RO	RODNEY S WHITE, CPA			
		Firm/Company			
	4650 L	4650 LIPSCOMB ST NE, SUITE 20			
		Address			
		PALM BAY, FL 32905			
		City/State and Zip Code			
	E-mail address:	(to be used for future annual report notification)			
For further information	n concerning this matter, please	call:			
RODI	NEY S WHITE, CPA	at (321) 728-9366			
Nan	e of Person	Area Code & Daytime Telephone Number			
Enclosed is a check fo	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, 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**

TO ARTICLES OF ORGANIZATION OF	FILED 11 JUL 13 AM II: 4:1
ILIASKRETE INVESTMENTS, LLC	ALLAHASCH OF STATE
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.) TOSEE, FLORIDA

(A Florida Limited Liability Company)		LURIDA
The Articles of Organization for this Limited I	Liability Company were filed on	3/9/2011	and assigned
Florida document numberL1100002	29195		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company here	:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compan	y," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
•			
B. If amending the registered agent and registered agent and/or the new registered of		ır records, <u>enter t</u>	the name of the new
Name of New Registered Agent:	PANTELIS MARKOGIANNAKIS		
New Registered Office Address:	1850 CHARLESMONT DR		
	Ente	er Florida street add	lress
	INDIALANTIC	, Florida	32903
	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 [] hereby confirm that the limited liability company has been notified in writing of this change.

ng Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 Titl **Type of Action** Address Name PANTELIS MARKOGIANNAKIS MGR 1850 CHARLESMONT DR #128 ✓ Add Remove INDIALANTIC, FL 32903 Remove ☐ Add Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Dated_ Signature of a member or authorized representative of a member PANTELIS MARKOGIANNAKIS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00