# L110000086460

(Re	questor's Name)	
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SHIP IFOT

# MAKRIS CONSULTING 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:

### IPERMACHOS MAKRIS

Name of Person

## MAKRIS CONSULTING LLC

Firm/Company

### 10216 MEADOW CROSSING DRIVE

Address

TAMPA, FL 33647

City/State and Zip Code

#### MACHOS@MAKRISNET.COM

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

For further information concerning this matter, please call:

### IPERMACHOS MAKRIS

,813,**263-725**7

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

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□\$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

MAKRIS CONSULTING LLC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on	7/27/11 and assigned
Florida document number <u>2 11000086460</u>		
This amendment is submitted to amend the following	ţ;	
A. If amending name, enter the new name of the l	imited liability company her	<u>æ</u> ;
MAKRIS ENTERPRISES LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7,110 15 15 15 15
(Principal office address MUST BE A STREET AD	DRESS)	
		-1'65 <b>3</b>
		量量型
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		20
B. If amending the registered agent and/or re	gistered office address on a	our records, enter the name of the new
registered agent and/or the new registered office a	ddress here:	and the state of the marker of the new
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter 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 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

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 = Ma MGRM = 1	MGR = Manager MGRM = Managing Member		
<u>Title</u>	Name	Address	Type of Action
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. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
ated	June 24th, 2013.
	Cattano
	Signature of a member of authorized representative of a member
	IPERMACHOS MAKRIS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00