(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	· · · ·	

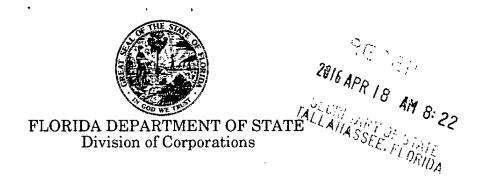
Office Use Only



700282236037

03/11/16--01007--014 **35.00

APR 1 9 2016 Y SULKER



Letter Number: 616A00005306

March 15, 2016

IPERMACHOS MARKIS 18212 BROOKPARK DRIVE TAMPA, FL 33647 US

SUBJECT: MAKRIS ENTERPRISES LLC

Ref. Number: L11000086460

We have received your document for MAKRIS ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	MAKRIS ENTER Name of Lim	PRISES LLC ited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	IPERM1	ACHOS MAKRIS Name of Person		
		Name of Person		
	MAKR	S EYTER PRISES Firm/Company	LLC	
•	18212	BROOKPARK DRI	VE	
		Address		
		MPA. FL 33647 City/State and Zin Code		
				÷
	E-mail address: (to be used for future annual report notif	ication)	1 de
For further information	on concerning this matter, please ca	all:		APPR
THER Nam	MACHOS MAKRIS me of Person	at (813) 263 - Area Code Daytime	-7257 Telephone Number	16 APR 18 PH 1:26
Enclosed is a check f	or the following amount:			1:26
□ \$25.00 Filing Fe	•	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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 ENTE	RPRISES LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	rere filed on July 27, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty 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:	18212 BROOKPARK DRIVE
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33647
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18212 BROOKPARK DRIVE TAMPA, FL33647 5
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	EPERNAUM MAKRIS &
New Registered Office Address: 182	12 BROOKPARK DRIVE Enter Florida street address
	AMPA , Florida 33647
New Registered Agent's Signature, if changing Registered Agent:	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 Rog Stered Agent

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>	Address	Type of Action
MAR	ALEXIA MAKRIS	10216 MEADOW CRASING	<u>OQIÆ</u> □ Add
		1990 PL 33647	Remove
			□ Change
			Add
			Remove
			Change
			☐ Remove
			Change
			T6 APR
			☐ Remove
		<u> </u>	Change 75
			□ Add
			□ Remove
			Change
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change

- ** 		
	-	- C
		ΛPR
	51.2 51.2 51.2 51.2	ග්
		PH PH
	37.41 37.41 26	
	्रे व	1
Effective date, if other than the date of filing:	(optional)	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or mo Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	re than 90 days after filing.) Pursuant to 605 requirements, this date will not be liste	.0207 ed as
he record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	me, at 12:01 a.m. on the earlie	er of
Dated April 4-12 , 2016.		
Or I form		
77901110	of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00