

L12000043726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

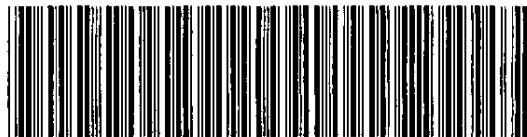
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N. Culligan MAR - 5 2013

*Doane & Doane, P.A.*

ATTORNEYS AT LAW

*Claire R. Waters, CP, FRP*

*Certified Paralegal – Florida Registered Paralegal*

*Direct Dial: (561) 656-0207*

*cwaters@doanelaw.com*

February 28, 2013

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: T.T.I.A., LLC and related entities.

To Whom It May Concern:

Enclosed are the following items for filing:

1. Amended Articles of Organization for T.T.I.A., LLC.
2. Amended Articles of Organization for T.I.A. One, LLC.
3. Amended Articles of Organization for T.I.A. Two, LLC.
4. Amended Articles of Organization for T.I.A. Three, LLC.
5. Our check in the amount of \$100.00 for the filing fees for the above listed documents.

Please let me know if you have any questions, or need additional information to process these filings.

Sincerely,



Claire R. Waters, CP, FRP  
Certified Paralegal,  
Florida Registered Paralegal

/crw

Enclosures

cc: Mr. Tranos Karallis  
Mr. Brett Troskey

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **T.T.I.A., 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:

**Claire R. Waters, CP FRP**

Name of Person

**Doane & Doane, P.A.**

Firm/Company

**2000 PGA Blvd., Suite 4410**

Address

**North Palm Beach, FL 33408**

City/State and Zip Code

**cwaters@doanelaw.com**

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

For further information concerning this matter, please call:

**Claire R. Waters**

Name of Person

at ( **561** ) **656-0207**

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2013 MAR -4 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T.T.I.A., 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 03/28/2012 and assigned  
Florida document number L12000043726.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 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 = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SPYRIDON T KARALLIS	2 ELTON PLACE	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Remove
MGRM	ALKIVIADIS T KARALLIS	2 ELTON PLACE	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

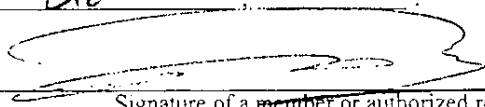
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Dated February 28 2013



Signature of a member or authorized representative of a member

ALKIVIADIS T. KARALLIS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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