

L12000043726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

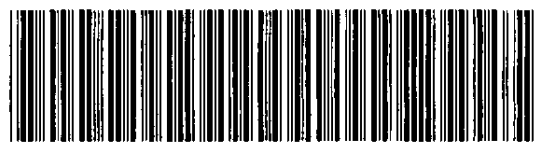
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 MAR - 4 PM 2: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan 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 "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 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

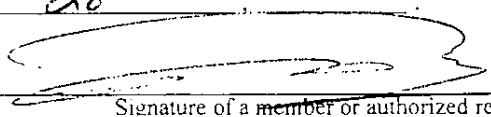
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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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TALLAHASSEE, FLORIDA