L12000072779

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(Business Entity Name)	
(Document Number)	
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COVER LETTER

ro: Registration Division of	n Section Corporations	, • •
Safety	Harbor Florida. LLC	•
SUBJECT:	Name of I	Limited Liability Company
The enclosed Article:	s of Amendment and fee(s) are s	submitted for tiling.
Please return all corr	espondence concerning this mat	tter to the following:
	Chrysostomos Handrine	os
		Name of Person
		Firm/Company
	4940 Galleon Ct	<u></u>
		Address
	New Port Richey, FL 3	4652
		City/State and Zip Code
	chrysostomoshandrinos(
further informati	on concerning this matter, pleas	ss: (to be used for future annual report notification) se call:
ysostomos Hand	rinos	917 365-5273 at ()
Na	me of Person	at () Area Code Daytime Telephone Number
used is a check f	for the following amount:	
25.00 Filing Fe	e 🛛 🗔 \$30.00 Filing Fee & Certificate of Status	 \$\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati		Street Address: Registration Section
Registration Section Division of Corporations		Division of Corporations
P.O. Box	6327	The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Safety Harbor Florida, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 31st, 2012	and assigned
Florida document number 1.12000072779	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

he new name must be distinguishable and contain the words "Limited Liability Company." ti	he designation "LLC" or the abbreviation "LL.C."
nter new principal offices address, if applicable:	
<u>'rincipal office address MUST BE A STREET ADDRESS</u>	
	21
	PH T
ter new mailing address, if applicable:	12
niling address MAY BE A POST OFFICE BOX	. Of

if amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>at and/or the new registered office address here</u>:

	. Florida
New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	

City

egistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is illed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ty has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Chrysostomos Handrinos	4940 Galleon Ct	ŻAdd
		New Port Richey, FL 34652	□Remove
	<u> </u>		🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
		<u> </u>	□Change
			🗆 Add
			🗆 Remove
			🔤 🗆 Add
			🗆 Remove
			🗆 Change
-			□Add
			🗇 Remove

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

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ffective date, if other than the date of filing: ______ (optional) an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.

cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the s filed.

December 17	2020
20	

Kryst Signatur Signature of a member or authorized representative of a member-

Chrysostomos Handrinos

Typed or printed name of signee