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Scike well of Joseph TALLAHASSES, FLORID:

B. BOSTICK
AUG 2 8 2013
EXAMINER

COVER LETTER

•

TO: Registration S Division of Co			
SUBJECT:	SIMETR	A HOLD / N G S L ted Liability Company	LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	AR	TEMIS LAMBROU	<u>(</u>
		Name of Person	
		Firm/Company	
	1100	SE 4 th Ave # 3:	2
	DEERFI	ELD BEACH, FL	33441
		City/State and Zip Code	TA 20
	artemi	stambrove ymail	com As
	E-mail address: (t	o be used for future annual report notification	on) 📡 👼
For further information of	concerning this matter, please co	all:	SSEE S
Diana L	ambron	at (954) 801.02	0/
Name o	f Person	ELD BEACH, FL City/State and Zip Code SLambrove / mai/ o be used for future annual report notification all: at (954) 801.02 Area Code & Daytime Tele	lephone Number
Enclosed is a check for t			
□ \$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

SIMETRA	A HOLDIN	165S	46 e			
(Name of the Limited	Liability Company : A Florida Limited Liab	as it now appe ility Company	ears on our recor	<u>'ds.</u>)		
The Articles of Organization for this Limited L	• •	ere filed on	10.27.	2012	_ and a	ssigned
Florida document number	37008					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liabilit	y company h	ere:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited	Liability Com	pany," the design	ation "LLC	or the	abbreviation
Enter new principal offices address, if applic	cable:					
(Principal office address MUST BE A STREE	ET ADDRESS)			TALLAHÁSS	2018	
	_			<u> </u>	222	2
				AS S	5 2	*
Enter new mailing address, if applicable:				SET	 -J	
(Mailing address MAY BE A POST OFFICE	BOX)			SEEL TLORID	主	
				92.	~~	
	-				Ö	
B. If amending the registered agent and/ registered agent and/or the new registered o		address on	our records,	enter the	name	of the nev
Name of New Registered Agent:	ARTEM	'IS LA	HBROV			
New Registered Office Address:	1100 5	E 4th	Ave #	32		
		Ŀ	Inter Florida str	eet addres	S	
	Deergield	l gea	ch, Flor	ida	33 ×	4/
	v — C	City			Zip Co	de
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ARTEMIS LAMBROU	1100 SE 4th Ave #32	Add
		Deerfield Beach, FL	Remove
		33441	<u>_</u>
MGRM	CHRISTINA ALEXIADES	1100 SE 4th Ave # 32	_ 🔀 Add
	HLEX/HDES	Deerfield Beach, FL	Remove
		33441	
MGR	ARTEMIS LAHBROU	1100 SE 44h Ave #32	🔀 Add
		Deergield Beach, FL	Remove
		33441	_
		A company	Add
		TAILL AHASS	Remove
		——————————————————————————————————————	
		D?:	_ Ndd
			Remove
			_
			_ Add
			Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· -	
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_	
-	
_	
-	
l	08,24,2013.
	Signature of a member or authorized representative of a member
	ARTEMIS LAMBROU
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00