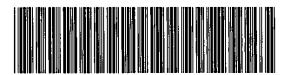
## L12000 13700f

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Called 8/1/16
spoke artimis
Lambron, she is
Called 8/1/16 Spoke artimis Lambron, she is to be AMBR/Mgr

Office Use Only



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Amend

07/28/16--01014--013 \*\*25.00



AUG - 1 2016 N. CAUSSEAUX

## **COVER LETTER**

	gistration Sec vision óf Corp			
Cubiect,		HOLDINGS LLC	•	
SUBJECT:			ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		ARTEMIS LAMBROU		
			Name of Person	
			Firm/Company	
		1100 SE 4TH AVE UNIT	32	
			Address	
		DEERFIELD BEACH, FL	33441	
		artemislambrou@ymail.com	City/State and Zip Code	
. : .		E-mail address: (	to be used for future annual report noti	fication)
For further is	nformation co	oncerning this matter, please ca	all:	
ARTEMIS I	LAMBROU		954 801-0201 at ( )	
	Name of	Person		e Telephone Number
Enclosed is	a check for the	e following amount:		
₩ \$25.00 F	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 HOLDINGS LLC			
(Name of the Limite	d Liability Company as it now app A Florida Limited Liability Compar	pears on our records.)	F. 6
The Articles of Organization for this Limited Lia Florida document number <u>L12000137008</u>			and assigned
This amendment is submitted to amend the follo	wing:		02 F
A. If amending name, enter the new name of	the limited liability company	<u>/ here</u> :	で、マ
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," t	he designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off		on our records, <u>er</u>	iter the name of the new
Name of New Registered Agent:	ARTEMIS LAMBROU		
New Registered Office Address:	1100 SE 4TH AVE UNIT 32		
	Enter	Florida street address	·· · · · · · · · · · · · · · · · · · ·
	DEERFIELD BEACH	Elorid:	33441

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	CHRISTINA ALEXIADES	1100 SE 4TH AVE UNIT 32 DEE	Add
			■ Remove
			☐ Change
AMBR MaC	ARTEMIS LAMBROU	1100 SE 4TH AVE UNIT 32 DEEF	Add
·			□ Remove
			☐ Change
			Add
			Remove  BoChange
			BoChange
			☐ Change
			Add
			□ Remove
			Change
			Add
		<del></del>	Remove
			□ Change

. 11, athenoing any other into	mation, enter change(s) here: <i>(Atta</i>	en additional shoots, il hou	
<u></u>			
			<del> </del>
		,	
<del> </del>			28
			TO PR
***			022
			<b>D</b>
Note: If the date inserted in thi	the date of filing:	(option of filing or more than 90 days after utory filing requirements, this	onal) filing.) Pursuant to 605.0207 s date will not be listed as
the record specifies a dela ) The 90th day after the	yed effective date, but not an ef record is filed.	fective time, at 12:01 a	a.m. on the earlier of
Dated	, 2016		
	Signature of a member or authorized rep	resentative of a member	······
CHRISTINA ALEX			
	Typed or printed name of	f signee	<del></del>

Page 3 of 3

Filing Fee: \$25.00