

L13 000028062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

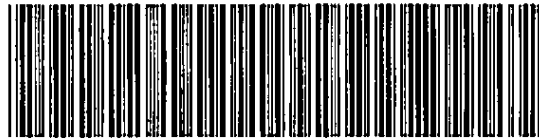
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21 APR 19 AM 10:01

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DR. ALKAITIS ORGANICS, 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:

PETER R PINNEY, ESQ

Name of Person

PETER R PINNEY CHARTERED

Firm/Company

3010 SEGOVIA ST

Address

CORAL GABLES, FL 33134

City/State and Zip Code

peterpinney@gmail.com

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

For further information concerning this matter, please call:

PETER R PINNEY, ESQ

786

239-7577

at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
21 APR 19 AM 10:01

DR. ALKAFIS ORGANICS, 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 02/22/2013 and assigned
Florida document number L13000028062.

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 contain 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)

3010 SEGOVIA ST

CORAL GABLES, FL 33134

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:

PETER R PINNEY, ESQ

New Registered Office Address:

3010 SEGOVIA ST

Enter Florida street address

CORAL GABLES

City

Florida 33134

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 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.


Peter R. Pinney, Esq.
If Changing Registered Agent, Signature of New Registered Agent

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

21 APR 19 AM 10:01

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR AM	TRISHA R ALKAITIS	3010 SEGOVIA ST, CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAULIUS A ALKAITIS	3010 SEGOVIA ST, CORAL GABLES, FL 33134	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAULINA H ALKAITIS	3010 SEGOVIA ST, CORAL GABLES, FL 33134	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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24 APR 19 AM 10:01

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Peter R. Pirny, Esquire
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00