

L13000067819 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

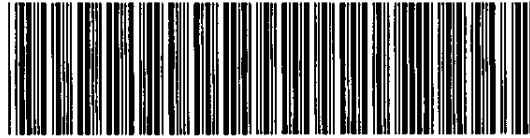
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900254014249

11/25/13--01035--015 \*\*25.00

2013 NOV 25 PM 12:38  
FALLA...  
FALLA...

B. ROSTICK  
DEC - 2 2013  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GREEK NATURAL FOODS 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:

**VANESSA ELMALEH**

Name of Person

**CILS INC**

Firm/Company

**407 LINCOLN RD**

Address

**MIAMI FL 33139**

City/State and Zip Code

**usavisa55@yahoo.com**

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

For further information concerning this matter, please call:

**Vanessa Elmaleh**

Name of Person

**786 4233838**

at ( )

Area Code & Daytime Telephone Number

2018 NOV 25 PM 12:38  
TALLHASSEE

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



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>
MGR	LUIS CABRERA	407 LINCOLN RD	<input type="checkbox"/> Add
		MIAMI FL 33139	<input checked="" type="checkbox"/> Remove
MGR	PETROS KOUVARAS	407 LINCOLN RD	<input checked="" type="checkbox"/> Add
		MIAMI FL 33139	<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

7/25/2011 10:51 AM  
 41000000

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

---

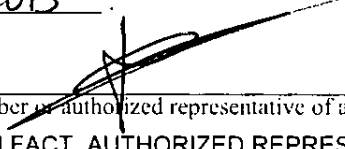
---

---

---

---

Dated November 15, 2013

  
Signature of a member or authorized representative of a member  
VANESSA ELMALEH ATTORNEY IN FACT, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 25 PM 12:39  
TALLAHASSEE, FL 32309