

✓
L13000067819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

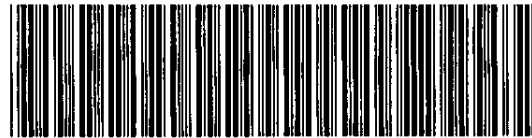
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 NOV 25 PM 12:38
FALLA, ROSEMARY

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

at (**786**) **4233838**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
JUL 25 2018
TALLAHASSEE, FL
12:38 PM

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

GREEK NATURAL FOODS 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 May 8, 2013 and assigned
Florida document number L13000067819.

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 end with 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)

2013 MAY 08 PM 12:39	FILED	CLERK OF CIRCUIT COURT
JANUARY 11, 2014		

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

City

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 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

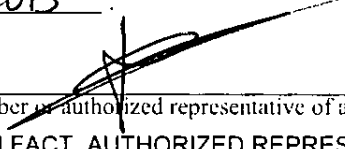
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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 checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 32301