

L13000118404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

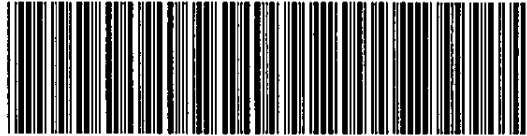
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. HARVEY  
DEC 11  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Thanasis G L.L.C.  
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:

Donald Kuykendall  
Name of Person

Thanasis G L.L.C.  
Firm/Company

327 Country Club Dr.  
Address

Tequesta FL 33469  
City/State and Zip Code

centralvacuumconnection@gmail.com  
E-mail address: (to be used for future annual report notification)

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14 DEC -4 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Athena Lampropoulos at (856) 677-6451  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Thanasis G, L.L.C

(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 8-2-2013 and assigned Florida document number L13000118404

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)

407 Commerce way 4A  
Jupiter, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

327 Country Club Dr.  
Tequesta FL 33469

**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:

Donald Kuykendall

New Registered Office Address:

327 Country Club Dr.

Enter Florida street address

Tequesta  
City

Florida

33469  
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.*

Don Kuykendall

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR.	Donald Kuykendall	327 Country Club Dr.	<input checked="" type="checkbox"/> Add
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		Tequesta FL 33469	<input type="checkbox"/> Remove
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AMBR	Athena Lampropoulos	327 Country Club Dr.	<input checked="" type="checkbox"/> Add
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		Tequesta FL 33469	<input type="checkbox"/> Remove
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MGR	Thanasis Lampropoulos	4167 Russell St	<input type="checkbox"/> Add
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		Tequesta FL 33469	<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 1, 2014.

Don Kuykendall

Signature of a member or authorized representative of a member

Donald Kuykendall

Typed or printed name of signee

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14 DEC -1 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA