

L17000 122527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

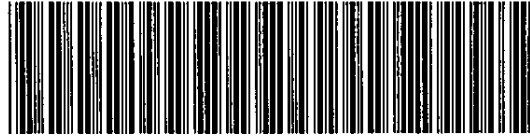
(Business Entity Name)

(Document Number)

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

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09/17/15--01022--018 \*\*25.00

15 SEP 17 AM 8:39  
CLERK OF COURT  
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SEP 18 2015  
J SHIVERS

**DELOACH, P.L.**

Jordan A. DeLoach, Esq.  
jordan@deloachplanning.com  
Direct Fax: (407) 480-5186

September 10, 2015

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Krazy Greek Kitchen, LLC - Kantounis

Dear Sir or Madam:

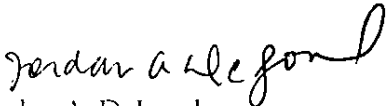
Find enclosed the following for filing:

- Articles of Amendment to Articles of Organization of Krazy Greek Kitchen, LLC; and
- Firm check in the amount of \$25.00.

Thank you for your attention to this matter. If you have any questions, please contact my office.

I remain

Very truly yours,

  
Jordan A. DeLoach  
For the Firm

JAD/cd  
enclosures  
c: Louis & Tina Kantounis

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

KRAZY GREEK KITCHEN, 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 August 29, 2013 and assigned  
Florida document number L13000122523.

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) \_\_\_\_\_

**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 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.*

\_\_\_\_\_  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kantounis Family Partnership, <del>L.L.P.</del>	11013 Bridge House Road	<input type="checkbox"/> Add
		Windermere, Florida 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Louis J. Kantounis	11013 Bridge House Road	<input checked="" type="checkbox"/> Add
		Windermere, Florida 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMB	Tina Kantounis	11013 Bridge House Road	<input checked="" type="checkbox"/> Add
		Windermere, Florida 34786	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andreas Billis	213 Bluestone Pl. Casselberry 32707	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

15 SEP 17 AM 8:39  
STATE OF ARIZONA  
DEPARTMENT OF STATE

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

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 09/01/15 15

Andreas Billis

Signature of a member or authorized representative of a member

Andreas Billis

Typed or printed name of signee