1300/5/047

(Reque	stor's Name)	
(Addres	s)	
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(City/St	ate/Zip/Phone	#)
(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:		
(Busine	ss Entity Nam	ne)
(Досип	ent Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO:	Registration Se Division of Cor		•	
ciin i	Alites, LLC	;		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Despina Bibizas		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	radical and radical and a decrease account of the second o
		Alites, LLC		
			Firm/Company	
		3259 SE Federal Hwy		
			Address	· · · · · · · · · · · · · · · · · · ·
		Stuart, FL 34997		
			City/State and Zip Code	
		renatal.bookkeeping@gn		
			to be used for future annual report not	itication)
For fu	orther information c	oncerning this matter, please of	all:	
Desp	ina Bibizas		772 708-3776 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclo	sed is a check for th	ne following amount:		
= \$2	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

Alites, LLC

led on 10/25/2013	and assigned
npany here:	
pany," the designation "LLC" or	the abbreviation "L.L.C."
	Sio Sio
SE Federal Hwy	FILE FIARY COF COP
t, FL 34997	
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	nter the name of the n
. Florid	
, , , , , , , , , , , , , , , , , , , ,	Zip Code
	SE Federal Hwy rt, FL 34997 Idress on our records, en Enter Florida street address

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>	Type of Action
MGR	Spiro Laskaris	502 SE ASHLEY OAKS WAY	
		Stuart, FL 34997	■ Remove
			Change
MGR	Despina Bibizas	3259 SE Federal Hwy	
		Stuart, FL 34997	□ Remove
			☐ Change
AMBR	Felipe Canas	3259 SE Federal Hwy	⊆ Add
		Stuart, FL 34997	□ Remove
			
			
			□ Remove
			Change
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Fective date, if other than the defective date is listed, the detective of the detective date on the detective date of the date of t	ate must be specific and on this block does not me	cannot be prior to d cet the applicable	ate of filing or more statutory filing re	(option than 90 days after fi quirements, this d	ing.) Pursuant to	605.02 isted
record specifies a de The 90th day after th		ate, but not a	n effective time	e, at 12:01 a.r	n. on the ea	rlier
ted	· · · · · · · · · · · · · · · · · · ·					
	,,	7				
	Signature of a m	ember or authorize	d representative of a	member		

Page 3 of 3

Filing Fee: \$25.00