

L14 00000 5558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

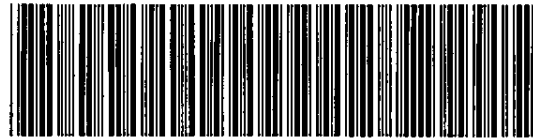
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
J. Shivers NET. 11/28/2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HADES INVESTMENT 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:

DIMITRIS CHARALAMBOUS

Name of Person

HADES INVESTMENT LLC

Firm/Company

16102 EMERALD ESATES DR APT 102

Address

WESTON FL 33331

City/State and Zip Code

DIMITRIOS17@YAHOO.CLM

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

For further information concerning this matter, please call:

DIMITRIOS HARALAMBOUS

Name of Person

305

Area Code

401-7049

Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

☒ \$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: FL 33331

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

Name of Person

305

Area Code

401-7049

Daytime Telephone Number

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

HADES INVESTMENT 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 1/16/2014 and assigned Florida document number L 14000005558

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)

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

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

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new registered office address here:

Registered Agent:

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TALLAHASSEE, FLORIDA

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:

If Changing Registered Agent, Signatory or...

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DIMITRIOS HARALAMBOI	16102 EMERALD ESATES DR APT.102	<input checked="" type="checkbox"/> Add

WESTON FL 33331

☐ Remove

☐ Add

☐ Remove

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

☐ Add

address

☐ Remove

DIMITRIOS HARALAMBOI 16102 EMERALD ESATES DR APT.

WESTON FL 33331

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Add

Remove

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TALLAHASSEE, FLORIDA

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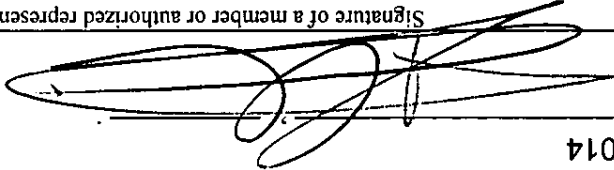
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Filing Fee: \$25.00

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DIMITRIS CHARALAMBOUS

Signature of a member or authorized representative of a member



Dated 11/21/2014

F. 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)