

LIS 0000 78572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

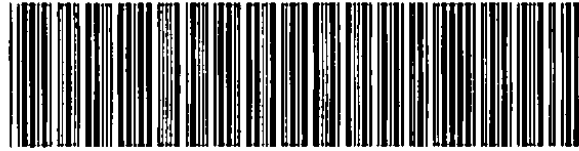
(Document Number)

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

Instructions to Filing Officer:

Office Use Only

A. RIVERS  
JAN 25 2023



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11/04/22--01015--004 \*\*25.00

FILED  
2022 NOV -4 PM 12:10  
CLERK OF COURT

Registration Section  
Division of Corporations

CREMA CONCEPT, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

EFTHYMIOS PALIOURAS  
\_\_\_\_\_  
Name of Person  
  
CREMA CONCEPT, LLC  
\_\_\_\_\_  
Firm/Company  
  
220 MIRACLE MILE SUITE B200  
\_\_\_\_\_  
Address  
  
CORAL GABLES FL 33134  
\_\_\_\_\_  
City/State and Zip Code  
  
PALIOURASM@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

EFTHYMIOS PALIOURAS      786      3053474  
\_\_\_\_\_  
Name of Person      at (      )      \_\_\_\_\_  
Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$0 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**TO  
ARTICLES OF ORGANIZATION  
OF**

CREMA CONCEPT, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 05/04/2015 and assigned  
document number L15000078572.

A document is submitted to amend the following:

**Changing 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."

**What is the principal office address, if applicable:**

220 MIRACLE MILE SUITE B200

**What is the principal office address MUST BE A STREET ADDRESS)**

CORAL GABLES FL 33134

**What is the mailing address, if applicable:**

220 MIRACLE MILE SUITE B200

**What is the mailing address MAY BE A POST OFFICE BOX)**

CORAL GABLES FL 33134

**Changing 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*

**Registered Agent's Signature, if changing Registered Agent:**

*I 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 understand 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

ed from our records:

Manager  
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	<input type="checkbox"/> Add
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_____	_____	<input type="checkbox"/> Remove
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_____	_____	<input type="checkbox"/> Change
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_____	_____	<input type="checkbox"/> Add
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_____	_____	<input type="checkbox"/> Remove
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_____	_____	<input type="checkbox"/> Change
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ending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

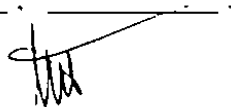
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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

If the filing 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 filing is filed.

OCTOBER 20

2022



Signature of a member or authorized representative of a member

EFTHYMIOSPALIOURAS

Typed or printed name of signee