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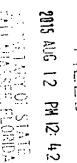
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## COVER LETTER

TO: Registration So Division of Cor			. The state of th
SUBJECT: AT	LENS HOLD		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	DIMITA	21 CONSTANTINE	ε
	ATHEN	IS HOLDING-S LC	<u>C</u>
	9465 V	VICKHAM WAY Address	
	ORLAND	O FL 32836 City/State and Zip Code	<del> </del>
	E-mail address: (	to be used for future annual report notif	oM ication)
For further information of	concerning this matter, please ca	all:	
DIMITRI Name o	(DNSTANTINE of Person	at ( <u>407</u> ) <u>435</u> Area Code Daytime	6763 Telephone Number
Enclosed is a check for t	he 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

FILED

2015 AUG 12 PM 12: 42

SLONETARY OF STATE
TALL MINISSEE FINANCE

ATHENS	HOLDINGS	LLC	CRIDA
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now a prida Limited Liability Comp	ppears on our reco any)	ords.)
The Articles of Organization for this Limited Liabilit	ty Company were filed o	n <u>08/00</u>	6/2015 and assigned
This amendment is submitted to amend the following	3.		
A. If amending name, enter the new name of the	limited liability compan	<u>1y here</u> :	
The new name must be distinguishable and contain the words "	Limited Liability Company,"	the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		<u> </u>
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office a	•	s on our reco	rds, enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street add	ress
	City	,	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALEXAKIS ALEX (FIRST) (LAST)	11573 VICOLO LOOP	Add
	(REASON: ACCIDENTALLY REVERSED	WINDERMERE, FL 34786	Remove
P	FIRST/LAST NAME.)	· · · · · · · · · · · · · · · · · · ·	Change
MGR	ALEX ALEXAKIS (GIRDT) (LAST)	11573 VICOLD LOOP	<b>≱</b> (Add
		WINDERMERE, PL 34786	Remove
			☐ Change
<del></del>			Add
			□ Remove
			Change
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			□ Remove
			Change
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			□ Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
, ,		
	2015	
	<b>15</b> AUG	-17
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	FM IZ:	Ö
	<u>?</u> : 42	
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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	0207 ( d as t	3)(b) he
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie b) The 90th day after the record is filed.	r of:	
Dated August 10, 2015		
Signature of a member or authorized representative of a member		
DIMITE CONSTANTINE Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00