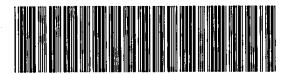
L150001 74095

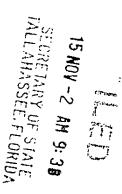
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Ви	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





300278225573

11/02/15--01028--018 **25.00



NOV - 3 2015

J SHIVERS

COVER LETTER

TO: Registration Sec Division of Corp	tion to the state of the state	* * * * * * * * * * * * * * * * * * * *	∵ *) [®] ₩
	OLDINGS LLC		
Division of Corporations ATHENS HOLDINGS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing, ease return all correspondence concerning this matter to the following: DIMITRI CONSTANTINE Name of Person ATHENS HOLDINGS LLC Firm/Company 7512 DR. PHILLIPS BLVD STE 50-703 Address ORLANDO, FL 32819 City/State and Zip Code DIMITRIO7@GMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Name of Person Name of Person At 407 Address Daytime Telephone Number Telephone Number Telephone Number According Fee Certificate of Status Certificate Of Status			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DIMITRI CONSTANTINI	E	
		Name of Person	
	ATHENS HOLDINGS LL	c	
	*,,	Firm/Company	
	7512 DR. PHILLIPS BLV	D STE 50-703	
		Address	
	ORLANDO, FL 32819		
	***************************************	City/State and Zip Code	
•	-		
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
DIMITRI CONSTANTII	NE		
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee			

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

ATHENS HOLDINGS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L15000134095	were filed on August 06, 2015 and assi	igned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.	L.C."	
Enter new principal offices address, if applicable:	7512 DR PHILLIPS BLVD		
(Principal office address MUST BE A STREET ADDRESS)	STE 50-703		
	ORLANDO, FL 32819		
Enter new mailing address, if applicable:	7512 DR PHILLIPS BLVD		
(Mailing address MAY BE A POST OFFICE BOX)	STE 50-703		
	ORLANDO, FL 32819	LLIPS BLVD LLIPS BLVD FL 32819 on our records, enter the name of the new	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	NOV-2 AH S RETARY OF S AHASSEE, FL	of the nev	
	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>	Address	Type of Action
MGR	ALEX ALEXAKIS	11573 VICOLO LOOP	Add
		WINDERMERE, FL 34786	Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
	·		☐ Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

			_
			_
	- 		_
			_
			-
			_
			_
	 		_
			_
		<u>.</u>	_
	ALL		_
	Er Se	S	
		19 	— 627
			· ·
	FLC		ا ا المعادد
	- 3		
		· ———	_
tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or mor If the date inserted in this block does not meet the applicable statutory filing thent's effective date on the Department of State's records.	(optional) re than 90 days after filing.) requirements, this date	Pursuant to 6	— (05.0
ment's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective ting 90th day after the record is filed.	me, at 12:01 a.m. (on the ear	lie
OCTOBER 22 , 2015 .			

Page 3 of 3

Filing Fee: \$25.00