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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

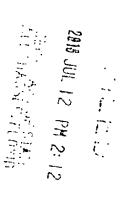
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## CAPITAL CONNECTION, INC.

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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

6745 38TH AVENUI	E, LLC			
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			· · · · · · · · · · · · · · · · · · ·	
				Art of Inc. File
			<u> </u>	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			1	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u>✓</u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
8			<u> </u>	Vehicle Search
		<del>-</del>		Driving Record
Requested by: BA	7/12/18			UCC 1 or 3 File
Name	<del> </del>	Time		UCC 11 Search
THE STATE OF THE S	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

### **COVER LETTER**

TO: Registration Security Division of Corp.			
	h Avenue, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	George G. Pappas		
		Name of Person	
	Pappas Law & Title		
		Firm/Company	
	1822 N. Belcher Rd., Su	ite 200	
		Address	
	Clearwater, FL 33765		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	eation)
For further information co	oncerning this matter, please of	all:	
George G. Pappas		727 447-4999 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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
Tellahassee, PL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Company as it r (A Florida Limited Liability (	now appears on our records.) Company)	
he Articles of Organization for this Limited Liability Company were filed of lorida document number		led on02/05/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Lizbility Comp	pany," the designation "LLC" or	the ebbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	-		
			14 N
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			2 2 12
B. If amending the registered agent and registered agent and/or the new registered of	or registered office ad ffice address here:	ldress on our records, e	enter the name of the new
Name of New Registered Agent:	George G. Pappas		
New Registered Office Address:	1822 N. Belcher Rd.,	Suite 200	
THE TOP TOP TO STATE OF THE TOP TO STATE OF TH		Enter Florida street address	
	Clearwater	, Floric	da 33765
	Cio	y	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, Signifure 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>	Name	Address	Type of Action
MGR	Christopoulos, Sotirios	861 N. Hercules Ave.	Add
		Clearwater, FL 33765	■ Remove
			□ Change
MGR	Tsantilas, Jenny	3017 Key Harbor Dr.	Add
		Safety Harbor, FL 34695	□ Remove
			☐ Change
			☐ Add
			☐ Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change

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Filing Fee: \$25.00