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SECRETARY OF STATE
TALLAHASSEE ETOSIE

Wir 20 2016 J. HARRIS

COVER LETTER

Division of Corporations PROJECT LEONIDAS 13, LLC **SUBJECT:** 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: CHRISTOPHER VOULGARIS Name of Person Firm/Company 530 SOUTH PARK ROAD, UNIT 11-36 Address HOLLYWOOD, FL 33021 City/State and Zip, Code vncconsulting13@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher Voulgaris Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO₹

Registration Section

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

PROJECT LEONIDAS 13, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com Florida document number L16000086581	pany were filed on May 3, 2016	and assigned
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 contain 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 ADDRES	<u></u>	7 6 B
	-	2000年
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Enter new mailing address, if applicable:		TO TO TO
Mailing address MAY BE A POST OFFICE BOX)		15 N D
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		12
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:		s, enter the name of the
New Registered Office Address:	Enter Florida street addres	ES .
	1711	ani da
	City , FI	orida 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

MGR = Mar AMBR = Aut	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
MBR MBR	Amber Polanco	530 South Park Road, Unit 11-36	■ Add
MBR		Hollywood, FL 33021	Remove
		 	□ Change
			Add
			Remove
		 	☐ Change
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tive date, if other than the date of filing: (optional) fiective 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; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records. Ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.							
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May 13 Signature of a member or authorized representative of a member Christopher Voulgaris Typed or printed name of signee Page 3 of 3 Filling Feor, \$25.00							
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