

From: Reception 103
7/27/2017

Fax: (305) 252-5505

To:

Fax: (350) 617-6383
Division of Corporations

Date: 7/27/2017 2:41 PM

L16000193982

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000196911 3)))



H170001969113ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VALEZAR & ASSOCIATES
Account Number : 120150000092
Phone : (305)252-5505
Fax Number : (888)346-7187

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2017 JUL 27 AM 9:18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2017 JUL 27 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HELLENIC PETROLEUM LLC

Certificate of Status		0
Certified Copy		0
Page Count		04
Estimated Charge		\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL 28 2017

H 170001969 11 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hellenic Petroleum LLC

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:

Mirtha Almanzar

Name of Person

Valezar & Associate Inc.

Firm/Company

12485 SW 137th Avenue Suite 206

Address

Miami, FL 33186

City/State and Zip Code

mirtha@valezar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mirtha Almanzar

305

252-5505

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

H 170001969 11 3

H 170001969 113

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2017 JUL 27 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on 10/20/2016 and assigned
Florida document number L16000193982

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending 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

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

H 170001969 113

H170001969113

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Teddy Doukas	9858 Glades Road Ste 219	☐ Add
		Boca Raton FL 33434	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2017 JUL 27 AM 9:18
FILED
STATE OF FLORIDA
CLERK OF SUPERIOR COURT
JANICE E. HARRIS

H170001969113

52-5606 To: Fax: (850) 617-9383 Page 6 of 6
H i 10001909113

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2017 JUL 27 AM 9:18
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

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 605.0207 (3wb)

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

If the record 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 record is filed.

Dated July 26, 2017

Signature of a member or authorized representative of a member

Panagiotis Kechagias

Typed or printed name of signer

H170001969113