

L17000001416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2017 JAN 13 PM 3:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**K. SALY
JAN 17 2017**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEGA AMMOS, 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:

VASILIOS SIOUTIS

Name of Person

Firm/Company

3114 TIFFANY DR.

Address

BELLEAIR BEACH, FL 33786

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

MEGA AMMOS, LLC.

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

FILED
2017 JAN 13 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 3, 2017 and assigned
Florida document number L17000001416.

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)

3114 TIFFANY DR.

BELLEAIR BEACH, FL 33786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3114 TIFFANY DR.

BELLEAIR BEACH, FL 33786

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:

VASILIOS SIOUTIS

New Registered Office Address:

674 GULFVIEW BLVD. S.

Enter Florida street address

CLEARWATER BEACH

City

, Florida 33767

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	STEFANOS TSAVALOS	262 5TH STREET NW	<input type="checkbox"/> Add
		LARGO, FL 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VASILIOS SIOUTIS	3114 TIFFANY DR.	<input checked="" type="checkbox"/> Add
		BELLEAIR BEACH, FL 33786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 JAN 13 PM 3:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

2017 JAN 13 PM 7
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 JAN 13 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 (3)(b)

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.

Dated 1-10-2017,

Bill Snow

Signature of a member or authorized representative of a member

VASILIOS SIOUTIS

Typed or printed name of signee