11700037425

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | Registration Sec Division of Corp | | | • |
|-----------|--------------------------------------|---|---|--|
| CHID IEZ | | EWAY, LLC. | | |
| SOBJEC | .T: | Name of Limi | ted Liability Company | |
| The encl | osed Articles of z | Amendment and fee(s) are subi | nitted for filing. | |
| Please re | aurn all correspor | ndence concerning this matter t | to the following: | |
| | | | Name of Person | |
| | | PETER MAKRIS CPA | | |
| | | | Firm Company | |
| | | 2110 DREW STREET | | |
| | | | Address | |
| | | CLEARWATER, FL 33765 | 5 | |
| | | | (Tity/State and Zip Code | <u>-</u> |
| | | F-mail address: (t | o be used for future annual report notif | eation) |
| For furth | er information co | oncerning this matter, please ca | H: | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclosed | Lis a check for th | e following amount: | | |
| | | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy radditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FDP CREPEWAY, LLC. | |
|--|--|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company with $\frac{117000037425}{117000037425}$. | were filed on $\frac{05/03/2017}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabili | ity company here: |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u></u> |
| Principal office address MUST BE A STREET ADDRESS) | 7. |
| | |
| | 10 SSS |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | 5. 3 |
| | <u> </u> |
| 3. If amending the registered agent and/or registered office address here: Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| - | , Florida |

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|---------------------------|----------------|
| AMBR | FOTIOS TSIOKANOS | 421A SAINT ARMANDS CIRCLE | |
| | | SARASOTA, FL 34236 | ■ Remove |
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| ctive date, if other tha | n the date of filing: | | (optional) |
| effective date is listed, the da | ite must be specific and cannot be r | rior to date of filing or more than 90 day | is after filing.) Pursuant to 605,020 |
| <u>e:</u> If the date inscried in tument's effective date on | the Department of State's reco | plicable statutory filing requirement | ts, this date will not be listed a |
| ment serretive date on | the Department of State 8 feed | rus. | |
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| ecord specifies a del | layed effective date, but | not an effective time, at 12 | :01 a.m. on the earlier o |
| ne 90th day after the | e record is filed. | | |
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| ed 6/3c/17 | | <u></u> . | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00