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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone # |) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Name |) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Registration Section
Division of Corporations

| FDP LA C. | AFFE CREPERIE, LLC. | | | |
|----------------------------|-------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------|
| | Name of Limi | ted Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | | |
| Please return all correspo | ondence concerning this matter t | o the following: | | |
| | | Name of Person | | |
| | PETER MAKRIS CPA | • | | |
| | | Firm/Company | | |
| | 2110 DREW STREET | | | . F (1) |
| | | Address | | 17 # |
| | CLEARWATER, FL 33765 | 5 | | 2 15000 |
| | | City/State and Zip Code | · , <u> </u> | 2 SE E E E |
| Para Caral and Caral | | be used for future annual report notifi | cation) | SECRETARY OF LORIDA ALLAHASSEE, FLORIDA 17 MAY 22 AM 3: 25 |
| ror turther information c | oncerning this matter, please ca | 11: | | O1 -> |
| Name o | of Person | at () Area Code Daytime | Telephone Number | - |
| Enclosed is a check for t | he 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 Fe Certificate of \$ Certified Copy (additional copy is | tatus & |

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 LA CAFFE CREPERIE, LLC. | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lir | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Com | pany were filed on MARCH 29, 2017 | and assigned |
| Florida document number L17000071322 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | <u> </u> | 二 |
| ***** | | 艺 岩 |
| | | 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| Enter new mailing address, if applicable: | | SSEE SSEE |
| Mailing address MAY BE A POST OFFICE BOX) | | 至四点 |
| Muning unitess MAT BLATOST OFFICE BOA | | 学 電影 |
| | | 28 = 5 |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | ed office address on our records, <u>ent</u> <u>s here</u> : | ter the name of the nev |
| 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

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> **Address Type of Action** MGR NIKOLAOS PAPAIOANNOU 419A ST. ARMANDS CIR. **■** Add SARASOTA, FL 34236 ☐ Remove _□ Change □ Add □ Remove □ Remo ☐ Change _ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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| ffective date, if other t | han the date of filing: | | (0 | ptional) | |
| an effective date is listed, the lote: If the date inserted | e date must be specific and cannot in this block does not meet the on the Department of State's | ne applicable statute | ing or more than 90 days a | ifter filing.) Pursuant to 605 | .0207 (ed as t |
| e record specifies a d The 90th day after | delayed effective date, the record is filed. | but not an effec | ctive time, at 12:0 | 1 a.m. on the earlie | er of: |
| ated 5/17/15 | 1 | | X | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00