## 117000110431

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(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

ro: Registration Sec Division of Corp		
	NSTANTINOS LLC	
SUBJECT:	Name of Limi	ted Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	TERRYL PETROPOULO	S
		Name of Person
		Firm/Company
	309 MANATEE LANE	Address
	TARPON SPRINGS, FL	
	TERRYLPETROPOULOS	City/State and Zip Code @YAHOO.COM
Car further information o	E-mail address: (	to be used for future annual report notification)
TERRYL PETROPOUL		505 553-8097
Name o	f Person	at ()
Enclosed is a check for the	ne following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

ACIOS	KONST	ANTINOS	
AL 111 //	NUMBER OF STREET	AIVIIIVO	· LLL

(A Florida 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 

[17000110431]

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 Liabilit	y Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
	(a
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 add	ress
	1	Florida
	Ciry	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

Page 1 of 3

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	KONSTANTINOS PETROPOULO S	309 MANATEE LANE	<b>j</b> i Add
		TARPON SPRINGS, FL 34689	□ Remove
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:	0207 (3)(b) d as the
If the rec (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated		
	Signature of a prember or authorized representative of a member  TERRYL ANN ETROPOLOS  Typed or printed name of signee	

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If

Filing Fee: \$25.00