

L17000121420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

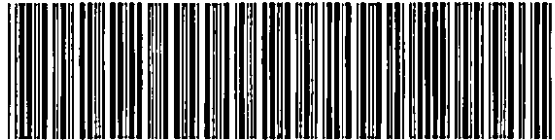
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOOD SERVICE ADVISOR 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:

THEODOROS BAZAKOS

Name of Person

FOOD SERVICE ADVISOR LLC

Firm/Company

3136 MARISA PLACE

Address

HOLIDAY FL 34691

City/State and Zip Code

TBazakos@gmail.com

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

For further information concerning this matter, please call:

THEODOROS BAZAKOS

781 632-1678
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FOOD SERVICE ADVISOR LLC

(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 JUNE 02, 2017 and assigned
Florida document number L17000121420.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3136 MARISA PLACE

(Principal office address MUST BE A STREET ADDRESS)

HOLIDAY FL 34691

Enter new mailing address, if applicable:

3136 MARISA PLACE

(Mailing address MAY BE A POST OFFICE BOX)

HOLIDAY FL 34691

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:

THEODOROS BAZAKOS

New Registered Office Address:

3136 MARISA PLACE

Enter Florida street address

HOLIDAY

City

Florida 34691

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>
MGR	CESAR MOLINA		<input type="checkbox"/> Add
		11067 MARQUETTE ST SPRING HILL FL 34609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THEODOROS BAZAKOS	3136 MARISA PLACE HOLIDAY FL 34691	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	CESAR MOLINA		<input type="checkbox"/> Add
		6640 nw 7th St Miami FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SEE Accompanied Statement of Fact reagrding LLC

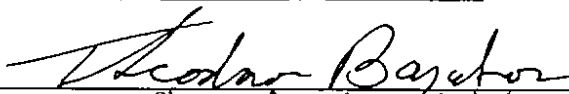
E. Effective date, if other than the date of filing: _____ (optional)

(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 (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.

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 MAY 04, 2021



Signature of a member or authorized representative of a member

THEODOROS BAZAKOS

Typed or printed name of signee

RECEIVED
MAY 04 2021
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

April 23rd 2021

To: Florida Department of State
Division of Corporation

Re: Fraud

I am submitting my Statement of Fact regarding Food Service Advisor
LLC L17000121420.

We incorporated back in June 2017. Every year since we have been active
and in Good Standing with the State.

This is to inform that my LLC was hacked and taking over this week by
someone unbeknownst to me

On April 8th 2021 I filed my Annual Report for the year and also requested
a Certificate of Good Standing.

Receipt of payment below:

----- Forwarded message -----

From: <donotreply@sunbiz.org>

Date: Thu, Apr 8, 2021 at 10:54 AM

Subject: Sunbiz.org Payment Receipt

To: <ibazakov@gmail.com>

Thank you for submitting your payment to Florida Department of State, Division of Corporations. This email will serve as confirmation that your
payment was received by our office.

Your filing will be posted on our website <http://www.sunbiz.org/> in the order received.

The transaction information is listed below:

Receipt Number: 3803716046

Transaction Date/Time: 04/08/2021 10:54 AM

Card Number: XXXX XXXX XXXX 9856

Card Type: MC

Approval Code: 00874P

Payment Amount: \$143.75

Tracking Number: 9245894774CC

Document Number: L17000121420

On April 19th I received an email advising me of the changes made to my
LLC naming a new Manager and new address:

Cesar Molina

1170 NW 11st

Apt 209

Miami Fl 33136

Please be advised I made no changes to my LLC nor do I have knowledge
of who Molina is.

This was a deliberate and with fraudulent purposes on Mr. Molina's part.

Please help me rectify

Theodoros Bazakos

Theodoros Bazakos



State of: Florida

County of: Pasco

The foregoing instrument was acknowledged
before me 26th day of April, 2021

Anna Stout

Your Name Here, Notary Public

My Commission Expires 6/19/22