

L17000128150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

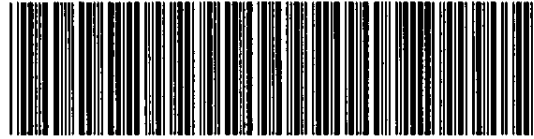
(Document Number)

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2018 APR 16 PM 4:14
CLERK OF STATE
TALLAHASSEE FL 32304

APR 17 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gialiskari Properties 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:

Dean Mourselas
Name of Person

Gialiskari Properties LLC
Firm/Company

501 Goodlette Rd N, Ste B202
Address

Naples FL 34102
City/State and Zip Code

spartandds@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean Mourselas at (239) 340-2129
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)

\$35.00 already paid on 4/4/2018

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2018

DEAN MOURSELAS
501 GOODLETTE RD N, STE B202
NAPLES, FL 34102

SUBJECT: GIALISKARI PROPERTIES LLC
Ref. Number: L17000128150

We have received your document for GIALISKARI PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 618A00006816

RECEIVED

2018 APR 16 PM 12:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
2018 APR 16 PM 4:10

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

Gialiskari Properties 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 12, 2017 and assigned Florida document number L17000128150.

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)

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 address

City

Florida

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> |
|--------------|------------------|--------------------|--|
| AP | Athina Kouknas | 501 Goodlette Rd N | <input type="checkbox"/> Add |
| | | Ste B202 | <input checked="" type="checkbox"/> Remove |
| | | Naples FL 34102 | <input type="checkbox"/> Change |
| AMBR | Athina Mourselas | 501 Goodlette Rd N | <input checked="" type="checkbox"/> Add |
| | | Ste B202 | <input type="checkbox"/> Remove |
| | | Naples FL 34102 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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2018

[illegible]

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 April 13, 2018.

[Handwritten signature]

Signature of a member or authorized representative of a member

Dean Mourselas

Typed or printed name of signee

Filing Fee: \$25.00

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2018 APR 16 PM 4:11
CLERK OF DISTRICT COURT
PALLASSA SELF-FLORIDA