17000141616

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Division of C			
S & H Fa	shion Consulting LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Sophia Georgiadis		
		Name of Person	
		Firm/Company	
	2570 Selleck Ave		
		Address	
	New Smyrna Beach, FL 3	2168	
	sa.georgiadis@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Sophia Georgiadis		407 4617005	
Name	of Person		e Telephone Number
Enclosed is a check for t	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & H Fashion Consulting LLC				
(Name of the Lin	nited Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited	Liability Company	were filed on June 29.	2017	and assigned
Florida document number L17000141616	 -			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
Kotsonis LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the al	obreviation "L.L.C "
Enter new principal offices address, if appl		2570 Selleck Ave		
Principal office address MUST BE A STRE	ET ADDRESS)	New Smyrna Beach, F	1.32168	<u>-</u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		2570 Selleck Ave New Smyrna Beach, F	L 32168	18 JAN 2
3. If amending the registered agent and egistered agent and/or the new registered of	1/or registered of office address here	Tice address on our		
Name of New Registered Agent:	Sophia Georgia	dis		
New Registered Office Address:	2570 Selleck Av	re		
		Enter Florida stre	et address	
	New Smyrna Be	rach	Florida ³²¹	168
		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.

Jyh HeyrIf 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
AMBR	Heather Chhichhia	5553 Kingswood Drive	□ Add
		Orlando, FL 32810	
			Remove
			Change
			□ Remove
			Change
			Remove
			Change,
			Change.
			Change
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			□ Change

Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement locument's effective date on the Department of State's records. The 90th date of set the effective date, but not an effective time, at 12:	
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occument's effective date on the Department of State's records.	optional)
	s, this date will not be liste
record specifies a delayed effective date, but not an effective time, at 12	
	O1 a miles the cartie
The 90th day after the record is filed.	or a.m. on the earne
Innuary 11	
ated January 11 2018	
July Stephed — Stephen or authorized representative of a mumber	
Stenature of a member or authorized representative of a member	

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Filing Fee: \$25.00