L17000190376

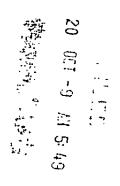
(Req	uestor's Name)	
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Certified Copies	Certificate	s of Status
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Hoplite.Group, LLC 124 E. Miracle Strip Parkway Suite 402 Mary Esther, Florida 32569

30 September 2020

Subject: Hoplite Group Request Certified Articles of Organization

Dear Sir/Ma'am,

This letter is to request an amendment to our Articles of Organization along with a certified copy and a Certificate of Status for the entity named Hoplite Group, LLC. The document number is L17000190376. The document was filed with the Division of Corporations on Sept 8, 2017.

If you have any questions regarding this certified copy request, please contact me through email at angelos.koskinas@thehoplitegroup.com or via telephone at (203) – 998 - 1393.

Respectfully,

Angelos Koskinas Operations Director

Hoplite Group, LLC

COVER LETTER

DIVIS	ion of Corp			
SUBJECT:	Hoplite Gr	oup, LLC		
_			ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspon	dence concerning this matter	to the following:	
		Angelos Koskinas		
·			Name of Person	
		Hoplite Group, LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		124 East Miracle Strip Parl	xway, Suite 402	
			Address	
		Mary Esther, FL 32569		
			City/State and Zip Code	
		angelos koskinas@hopliteg		
		E-mail address: ()	to be used for future annual report noti	fication)
For further inf	formation co	ncerning this matter, please ca	all:	
	Angelos K		at (<u>203</u>)	998-1393
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

riopine Group, LLC					
(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)			
he Articles of Organization for this Limited lorida document number L17000190376	Liability Company wer	e filed o <u>n September 8, 2017</u>	·	and	assigned
nis amendment is submitted to amend the fo	following:				
. If amending name, enter the new name	of the limited liability c	ompany here:			
e new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" of	or the abl	previation	1 "L.L.C."
nter new principal offices address, if appl	icable:				
Principal office address MUST BE A STRE	ET ADDRESS)				
					
nter new mailing address, if applicable:					
Stailing address MAY BE A POST OFFICE	<u> </u>				
If amending the registered agent and/or	registered office addre	ss on our records, enter th	е пат	e of the	new registe
ent and/or the new registered office addr	ess here:			20	
Name of New Registered Agent:	Angelos Koskinas		***	25.	
New Registered Office Address:			***	-9	. * [7]
		Enter Florida street address	<u>,</u>	霔	,
		, Flori	ida 🗓	<u>ζ</u> τη <i>C</i>	
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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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
	·		□Add
			CIRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add

	any other information, enter change(s) here: tAttach additional sheets, if necessary t
ctive date	e, if other than the date of filing:(optional)
effective d. <u>er</u> If the d.	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
umeni's et	ffective date on the Department of State's records
ord speci	ties a delayed effective date, but not an effective time, at 12.01 a m, on the earlier of: (b). The 90th day after
tiled	······································
	23 Soptember 2020
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	$A \setminus A$
_	Signature of a member of fution for the state of a member

Filing Fee: \$25.00