17000 226 570

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



700333968657

09/12/19--01007--019 **25.00

19 SEP 12 AM II: 37

SEP S . 38.17

COVER LETTER

TO:

| TO: Registration S Division of Co | | | |
|--------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------|
| | HARITO. | S LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | DEMET | LI MOUSTOPOUL | .0 \$ |
| | | Name of Person | |
| | MOUSTO | Provios + Compar | NY, INC. |
| | | Firm/Company | |
| | Po Bo | × 2325 | |
| | | Address | |
| | PALM | HARBOR, FL 3 City/State and Zip Code | 34682 |
| | | City/State and Zip Code | |
| | E-mail address: (t | to be used for future annual rep | ort notification) |
| For further information of | concerning this matter, please ca | all: | |
| DEMETRI | MOUSTOPOULOS | at (_727_) | 781-0346 |
| Name o | of Person | Area Code | Daytime Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$25,00 Filing Fee | □ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | Certificate of Status & Certified Copy (additional copy is enclosed) |
| Regist | ANG ADDRESS: ration Section on of Corporations | Registration | COURIER ADDRESS: Section Corporations |
| P.O. B | ox 6327 assee, FL 32314 | Clifton Buil | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HARITOS | LLC | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|-------------------------------------|--|--|--|--|--|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Liability Company) | y as it now appears on ability Company) | o <mark>ur records.</mark>) | | | | | | |
| The Articles of Organization for this Limited Liability Company were filed on NoV. 1, 2017 and assigned Florida document number L17000226570 | | | | | | | | |
| This amendment is submitted to amend the following: | | | | | | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | | | | | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the design | ation "LLC" or the abbre | rviation "L.L,C," | | | | | |
| Enter new principal offices address, if applicable: | | | | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | - | | | | | | | |
| | | | | | | | | |
| Enter new mailing address, if applicable: | | | 2 7 | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | \$ = 11 | | | | | |
| manag address mar pe are our receives, | | | | | | | | |
| | | <u>;</u> | 37 | | | | | |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | | r records, <u>enter th</u> | e name of the nev | | | | | |
| registered agent and/or the new registered office address here: | | | | | | | | |
| Name of New Registered Agent: | | | | | | | | |
| New Registered Office Address: | | | | | | | | |
| Tell Medical Control of the Control | Enter Florida si | reet address | | | | | | |
| | , Florida | | | | | | | |
| | City | | Zip Code | | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | | | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my o ovided for in Chap | luties, and I am fan ter 605, F.S. Or, if | niliar with and this document is | | | | | |

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|-------------------------|----------------|
| MGR | SERGIO HARITOS | 1885 S. PINELLAS AYE | d Add |
| | | TARPON SPRINGS FL 34689 |) □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | SS VAR |
| | | | SE Remove |
| | | | Charge T |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| <u> </u> | ~~`\ ~~~ |
| | ED |
| 97 1: 37 981 37 | |
| E. Effective date, if other than the date of filing: (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 605.1 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 earlie (b) The 90th day after the record is filed. | r of: |
| Dated SEPTEMBER 6 2019. An Hunti | |
| Signature of a member or authorized representative of a member AVA HARITOS | |
| Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00