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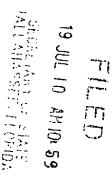
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Certified Copies Certificates of Status				
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COVER LETTER

Division of Co	orporations		
T. T. P. T	HE GREEK HOUSE LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	pondence concerning this matter t	to the following:	
	ATHANASIOS ZEVGITI	s	
		Name of Person	
	T. T. P. THE GREEK HOU	JSE LLC	
		Firm/Company	 _
	455 NE 33RD STREET AI	PT 4	
		Address	
	MIAMI, FL 33137		
		City/State and Zip Code	
	athasakia1964@gmail.com		
	E-mail address: (to be used for future annual report notific	шон)
For further information	n concerning this matter, please ca	all:	
ATHANASIOS ZEV	GITIS	305 896-8900 at ()	
Nam	e of Person	Area Code Daytime	Celephone Number
Enclosed is a check fo	r 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:

TO:

Registration Section

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

(Name of the Limit	ed Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L		29/2017	_ and assigned
Florida document number L17000244370	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the v	vords "Limited Liability Company." the de	esignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	able:	<u> </u>	<u></u>
(Principal office address MUST BE A STREE		25 mm	
- Transport Williams		55.5	
			.Te> { ? }
C. A. W. a. J. J. Langer of complicability		- 0	
Enter new mailing address, if applicable:	nov.		
(Mailing address MAY BE A POST OFFICE	<u></u>		<u></u>
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on ffice address here:	our records, <u>enter th</u>	e name of th
Name of New Registered Agent:	ATHANASIOS ZEVGITIS		<u>-</u> -
New Registered Office Address:	17041 SOUTH DIXIE HIGHWA	Υ	
Ten regimered office frames.	Enter Flor	rida street address	
	PALMETTO BAY	Florida _3315	7
	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.

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>	Type of Action
MGR	SOUSOUROGIANNIS, ATHANASIOS	17041 SOUTH DIXIE HIGHWAY	
	<u>-</u>	PALMETTO BAY, FL 33157	
			Remove
			Change
	<u> </u>		Add
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July 8		1	, 2019/	~ <u>></u>					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00