

2/12/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L17000250271

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(((H19000050103 3)))



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STATEMENT OF SERVICE
FALL HASSELL, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HERITAGE HOSPITALITY AND TRADING SERVICES LLC

Certificate of Status	0
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2019 FEB 12 PM 1:36

ULS
2-13-19

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HERITAGE HOSPITALITY AND TRADING SERVICES 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 12/06/2017 and assigned Florida document number L17000250271.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	ANGELOS TSELENTIS	2071 FLATBUSH AVE STE 166 BROOKLYN, NY 11234	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	AIMILIA TSELENTIS	2071 FLATBUSH AVE STE 166 BROOKLYN, NY 11234	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALEXANDROS TSELENTIS	2071 FLATBUSH AVE STE 166 BROOKLYN, NY 11234	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA
 CLERK OF DISTRICT COURT
 1ST DISTRICT
 STATE OF FLORIDA

D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/02/2019

Angelos C. Tselentis - Angelos C. Tselentis
Signature of a member or authorized representative of a member

ANGELOS TSELENTIS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA