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SECRETARY OF STATE
DIVISION OF CURPORATIONS
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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	V.P. (afe Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Thomas K	Copatsis Name of Person	
		LL C Firm/Company	
		ste Gale Blvd.	
		Addices	
	_ Boynton Be	City/State and Zip Code	
For further information con	E-mail address: (to	o be used for future annual report notific	cation)
4.		at (<u>561</u>) <u>716- 4</u> Area Code Daytime	7 o / Telephone Number
Enclosed is a check for 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

	LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000</u> 363554.	y were filed on 1112018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.6." .
Enter new principal offices address, if applicable:		3 22
(Principal office address MUST BE A STREET ADDRESS)		72
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ORPORATIONS
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zin Coda
	Cuţv	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>	Name	Address	Type of Action
MER	Peter Nerantzinis	6395 (astle trate Blud.	□ Add
		Boynton Beach FL 33437	Remove
			Change
MGR	Gerasimos Nerantzi	nis 6395 Castle Gate Blud.	—∳∕Add
		Boynton Beach F4 33437	Remove
		Change	
			Add
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	(optional) han 90 days after filing.) Pursuant t	 o 605.02
e record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	e, at 12:01 a.m. on the e	arlier
med May 17 . 2.548		
	member	_

Page 3 of 3

Filing Fee: \$25.00