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J. HARRIS

COVER LETTER

TO:

TO:	Registration Section Division of Corpora			
SUBJE	CT: TAKPO	U SPRIVÓS Name of Limi	BULLOIN G ted Liability Company	CompanyLLC
The enc	losed Articles of Ame	ndment and fee(s) are subr	nitted for filing.	
Please r	eturn all corresponder	nce concerning this matter t	to the following:	
	-	Pantelis	MASTAVASI Name of Person	Lis
	-		Firm/Company	
	-	321 E.	TARPOW A	TUE
	-	TNRPW MUSTROT E-mail address: (i	City/State and Zip Code 1973 B Gmo o be used for future annual repo	TA 3/689
For furt	her information conce	rning this matter, please ca		
Pa	Name of Per	STROVASILIS	at (<u>727</u>) Area Code I	7-98 - 3693 Daytime Telephone Number
Enclose	d is a check for the fo	llowing amount:		
\$25	.00 Filing Fee C	1 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration	Corporations	Registration	Corporations

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	<u> </u>	
The Articles of Organization for this Limited Liability Company were filed on	2/09/2018	and assigned	
This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company h	ere:		
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbrevi	iation "L.I.C."	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation LLC of the abbrev	atton E.E.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>	> 1	
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	encil.	မေ	
Enter new mailing address, if applicable:		TO (1 1 1	
(Mailing address MAY BE A POST OFFICE BOX)			
	(30) (10) (4)	Ŋ ;,,,	
	<u> </u>	_ <u>~</u>	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent:	n our records, <u>enter the</u>	name of th	
Name of New Registered Agent.			
New Registered Office Address: Enter Flo	Enter Florida street address		
	, Florida		
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	canacity I further novee	to comply wi	

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>	Address	Type of Action
m6 R	MASTROVAZUS	3al, E. TARPOU Nue	□ Add
		TARPON Springs, F	Remove
		3/6.89	Change
MGR	Partelis MASTROUASILIS	321 E. TARPON AVE	[J]Add
		TRIPON SPRINGS, FA	Remove
		34689	Change
M612	Maria MASTLOASILIS	321 E TARPON AUE	□ Add
		TARPON SPRINGT, FA	Remove
		34687	Change
			Add
			☐ Remove
			Change
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. If ameno	ding any other information, en	er change(s) here: (Attach additional sheets	, if necessary.)
			
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(If an effective Note: If document the reco	f the date inserted in this block does nt's effective date on the Departmen	fic and cannot be prior to date of filing or more than 90 in not meet the applicable statutory filing requiremnt of State's records. It is date, but not an effective time, at 1	ents, this date will not be listed as the
5	11 - 1/0	. 3018	
Dated _	4 - 10 -		2918 5.5.2.3
	Signatur	e of a member or authorized representative of a member	
)): AN INCOME AND INCOME	
	160	Typed or printed name of signee	<u> </u>
			PH 12:
		Page 3 of 3	कृतः 🖥

Filing Fee: \$25.00