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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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DIVIDION OF CORPURATION

N COOPER JUN 0 6 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 66 Private Stock	LLC
Name of Limited Liability Compan	Ņ
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tenent (-paci	Cr.
Dereny Garci Name of Perso	n
GG Paivicte S-	tock LLC
Firm/Company	y
10803 SW 74	th st
Address	
miani FL 3 City/State and Zip	> 113
Jerenya 305 @ e E-mail address: No be used for future a	many more motification)
	main report nonnearron,
For further information concerning this matter, please call:	
Nicko Christidis ar 305	9 12- 9820 Daytime Telephone Number
Name of Ferror	. Daytine receptore rumber
Englosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Certified Co. (additional copy)	py Certificate of Status &

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 TOARTICLES OF ORGANIZATION ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL 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 OF FICE BOX) 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:

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Christos Christidis	2125 NE Yoted	∑S Add
		2125 NE Yoted Honosterd, FL 33033	☐ Remove
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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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E. Effec	etive date, if other than the date of filing: $5-29-18$ (optional)		
<u>Note</u>	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 a lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	o 605,020 e listed a	07 (3)(b as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e e 90th day after the record is filed.	arlier (of:
Date	d M 3 Y 2 9 2 0 18 Standard of a member of authorized representative of a member		
	Signature of a member of authorized representative of a member		
	Jeneny Gazara		

Page 3 of 3

Filing Fee: \$25.00