

1800079645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

4/24/18 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2018

HARALMPOS KOUROUKLIS LLC
5709 NW 158 STREET
MIAMI LAKES, FL 33014

SUBJECT: HARALMPOS KOUROUKLIS LLC
Ref. Number: L18000079645

We have received your document for HARALMPOS KOUROUKLIS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 718A00007086

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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2018 APR 23 PM 2:29
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARALMPOS KOUROUKLIS LLC,
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EPHIGENIA KOUROUKLIS LINDEMAN

Name of Person

HARALMPOS KOUROUKLIS LLC,

Firm/Company

5709 NW 158 STREET

Address

MIAMI LAKES FL 33014

City/State and Zip Code

EL@ALGOFLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EPHIGENIA K LINDEMAN

at (321) 438 6884

Name of Person

Area Code

Daytime 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

FILED
2018 APR 23 A 11:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HARALMPOS KOUROUKLIS 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 03.28.2018 and assigned
Florida document number L18000079645.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HARALAMPOS KOUROUKLIS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.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)

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:

JON B LINDEMAN JR., ESQ

New Registered Office Address:

5709 NW 158 STREET

Enter Florida street address

MIAMI LAKES

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 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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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MIAMI, 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)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 03, 2018

~~Signature of a member or authorized representative of a member~~

JON B LINDEMAN JR., ESQ

Typed or printed name of signee

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CLERK OF COURT
ALABAMA
JANUARY 1, 2019