

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000181572 3)))



H200001815723ABC-

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.  
Account Number : I20140000036  
Phone : (305)733-8223  
Fax Number : (866)883-7019

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ATHENA FOODS TRADITION LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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Electronic Filing Menu

Corporate Filing Menu

JUN 16 2020  
Help

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

(((H20000181572 3)))

ATHENA FOODS TRADITION 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 05/17/2018 and assigned  
Florida document number L18000124303.

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 "LLC."

**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)**

FILED  
2020 JUN 15 PM 2:44  
ST. LUCIE COUNTY CLERK  
TALLAHASSEE, FL

10513 SW Meeting Street  
#101  
Port St. Lucie, FL 34987

**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:

DEMETRIOS DIAMANTOPOULOS

New Registered Office Address:

10513 SW Meeting Street #101

Enter Florida street address

Port St. Lucie

City

Florida

34987

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.*

  
Changing Registered Agent, Signature of New Registered Agent

(((H20000181572 3)))

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>                      |
|--------------|--------------------------|--------------------------|--|
| MGR          | MARAWAN RAAFAT           | 6860 South Kanner Hwy    | <input type="checkbox"/> Add               |
|              |                          | Stuart, FL 34997         | <input checked="" type="checkbox"/> Remove |
|              |                          |                          | <input type="checkbox"/> Change            |
| AMBR         | Demetrios Diamantopoulos | 10513 SW Muehling Street | <input checked="" type="checkbox"/> Add    |
|              |                          | #101                     | <input type="checkbox"/> Remove            |
|              |                          | Port St. Lucie, FL 34987 | <input type="checkbox"/> Change            |
|              |                          |                          | <input type="checkbox"/> Add               |
|              |                          |                          | <input type="checkbox"/> Remove            |
|              |                          |                          | <input type="checkbox"/> Change            |
|              |                          |                          | <input type="checkbox"/> Add               |
|              |                          |                          | <input type="checkbox"/> Remove            |
|              |                          |                          | <input type="checkbox"/> Change            |
|              |                          |                          | <input type="checkbox"/> Add               |
|              |                          |                          | <input type="checkbox"/> Remove            |
|              |                          |                          | <input type="checkbox"/> Change            |
|              |                          |                          | <input type="checkbox"/> Add               |
|              |                          |                          | <input type="checkbox"/> Remove            |
|              |                          |                          | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)* (((1120000181572 3)))

[illegible]

**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 June 1, 2020

Signature of a member or authorized representative of a member

MARAWAN RAAFAT

Typed or printed name of signee