# L18000143203

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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or had

## **COVER LETTER**

Division of Cor			
SUBJECT:	Athena Prop	erty Services	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Berkis Terrero	
		Name of Person	
		Athena Property Services	
		Firm/Company	
		Suite 4, 1420 Ocean Drive,	
		Address	
		Miami Beach, FL 33139	
		City/State and Zip Code	
	athenaprofe	ssional@gmail.com To be used for future annual report notifi	(cution)
For further information c	oncerning this matter, please c		Caron)
Natalie	• Mills	at +61 \ 4349201	80 (Australia)
	f Person	at ( <u>+61</u> ) 4349201 Area Code Daytime	Telephone Number
Enclosed is a check for t	ne following amount:		
\$25.00 Filing Fee	S30,00 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 enclose)

#### 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

FILED

2018 OCT 15 PM 3:51

ATHENA PROPERTY SERVICES LLC TALLAHASSEE, FL

(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 on06/11/2018 and assigned
Florida document numberL18000143203	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	uility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1020 Hartford Ave
Principal office address MUST BE A STREET ADDRESS)	Daytona Beach, FL 32117
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	23 Woodside Drive, Eleebana NSW 2282 AUSTRALIA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	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 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
MGR	Joseph Radosta	10227 Keystone Pastures St, las vegas nv 891	<u>83</u> □ Add
			Remove
			Change
Secretary	GARFINKEL, CHARLOTTE	2430 SW 122ND CT_MIAMI, FL 33175	
			Change
Secretary	Belkis Terrero	111 NW 42nd St, Miami FL 33127	<b>①</b> Add
			□ Remove
			Change
<u>_</u>		<del></del>	D Add
			□ Remove
			Change
			□ Add
		<del></del>	Remove
			Change
			□ Add
			_D Remove
			□ Change

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:	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied b) The 90th day after the record is filed.	r of:
Dated October 1 . 2018	
Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00