

L19000011693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

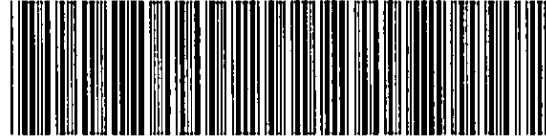
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
TALLAHASSEE, FLORIDA

2023 JAN -3 PM 3:56

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AS

Mr. Stefanos Haskopoulos

3684 Julianne Way

Palm Harbor, FL 34685

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Dear Sir/Madame:

Enclosed please find completed paperwork to change the names of the president and vice president of 5624 Ave N LLC as well as a check for the filing fee and copy of the Certificate of Status.

My daytime telephone number is 727-643-1895. Return address is as above:

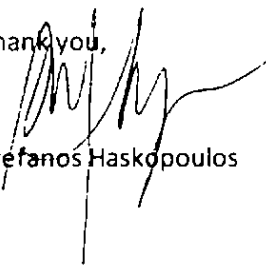
3684 Julianne Way

Palm Harbor, FL 34685

If there are any further questions or other information is required, please contact me at the phone number noted above.

Thank you,

Stefanos Haskopoulos



2023 JUN -3 PM 3:56
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5624 ave n 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:

Stefanos Haskopoulos

Name of Person

5624 Ave N llc

Firm/Company

3684 Julienne way

Address

Palm Harbor , FL 34685

City/State and Zip Code

sttl@tampabay.rr.com

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

For further information concerning this matter, please call:

Stefanos Haskopoulos

Name of Person

727 643-1895
at ()
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN -3 PM 3:56
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

5624 Ave N 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 01/11/2019 and assigned
Florida document number L19000011693.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3684 Julianne Way

Palm Harbor, FL 34685

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
president	Lillie Haskopoulos	3684 Julianne Way	<input checked="" type="checkbox"/> Add
		Palm Harbor, Fl 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
vice presi	Anthony Troia	84 Berkshire Dr	<input checked="" type="checkbox"/> Add
		Berkeley Heights, NJ 07922	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Stefanos Haskopoulos	3684 Julianne Way	<input type="checkbox"/> Add
		Palm Harbor, Fl 34685	<input checked="" 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.)

2023 JAN -3 PM 3:56
STATE OF CONNECTICUT

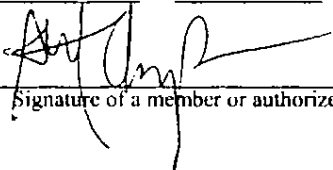
E. Effective date, if other than the date of filing: _____ (optional)

(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 november 5th 2022



Signature of a member or authorized representative of a member

Stefanos Haskopoulos

Typed or printed name of signer

Filing Fee: \$25.00