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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	

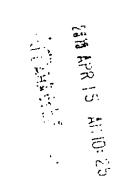
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Office Use Only



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COVER LETTER

Division of Cor	porations		•
SUBJECT: IM C	0. BY. L L	L (_	The state of the s
Sobster	Name of Lim	L C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please return all correspo	ondence concerning this matter	to the following:	•
			•
	Maria K	Yara chalias Name of Person	
		Name of Person	
		Firm/Company	
	801-L N.	Military Trail Address	
		Address	
	West Palm	Beath fL 33	1415
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	-		
\$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:

TO:

Registration Section

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

1.4	1		المينية الأنتاء
MCO. TBY. (Name of the Limited Liability)	LLC Company as it now appears on	our records.)	<u> </u>
(<u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	,	學: ~~
The Articles of Organization for this Limited Liability Cor	npany were filed on		and assigned
Florida document numberL_19660019210	,		6.
This amendment is submitted to amend the following:			٠, ١
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		
		· · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. If was a discussion of the second			ha sama of the par
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.		ir records, <u>enter t</u>	ne name of the ne-
			
Name of New Registered Agent:			
New Registered Office Address:			
regulated office (faultage	Enter Florida :	street address	
		, Florida	
	Cin		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	loannis Karachalias	861-C N. Military Trail	XAdd
	,	West Palm Beach FL 33415	□ Remove
			□ Change
Mgr	EKaterina Karashalius	841 -C N. Military Trail	¤Xadd
		West Palm Beach FL 33415	□ Remove
			🗆 Add
			Remove
			Change
			🗆 Add
			_□ Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			_ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
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	<u> </u>
<u>Note:</u> If the	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: otherwise the record is filed.
Dated	Apr. 1 12 2019 Machaelan Signature of a member of authorized representative of a member
	106nn: > Kara chalias Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00