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DIVISION OF CORPORATION

brund

# **COVER LETTER**

Division of Corporations
SUBJECT:   My ZEUS UC  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:
Son B. Coats, Ja., Esq.
COATS Schmidt, P.A.
4055 CENTIAL ANE
St Peters burg FC 33713  City/State and Zip Code  Son @ Coats - Schmidt, com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ton B. Coat In Eq. at (727) 456-4462  Name of Person Area Code Daytime Telephone Number  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed)  \$25.00 Filing Fee Scriffied Copy (Certified Copy (additional copy is enclosed))

#### MAILING ADDRESS:

**Registration Section** 

TO:

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**

MY 7.6	FUS, LCC
(Name of the Limited Liability Compa	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>4/9/000/4/5-96</u> .	were filed on $2/11/20/9$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The 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:	
(Principal office address MUST BE A STREET ADDRESS)	
	WE CRET
•	<u> </u>
	ffice address on our records, enter the name of the ne
the Articles of Organization for this Limited Liability Company were filed on	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBN	Vasilios Bankalis	3100 22 nd Aux North St Petersburg, FC 3371	Add
		St Refers burg, FC 337	<u>∕</u>
			Change
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	June 13 2019 When
	Much
	Signature of a member or authorized representative of a member
	VASILIO Bookslis Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00