L19000111186

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , , , ,
(Day assault Names)
(Document Number)
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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	Ionian Realt	ies 1, LLC				
		Name of Limi	Name of Limited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return	all correspo	ndence concerning this matter t	to the following:			
		Stavros Manentis				
			Name of Person			
		Ionian Realties 1, LLC				
1007 N Federal Highway, #2022						
		Ft Lauderdale, FL 33304				
		DMANENTIS@FEDNAV.C	City/State and Zip Code			
E-mail address: (to be used for future annual report notification)						
For further is	nformation co	oncerning this matter, please ca				
Stavros Mar	nentis		514 707-1464			
	Name of	Person	at () Area Code Daytime T	Selephone Number		
Enclosed is	n check for th	e following amount:				
■ \$25.00 F	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

Ionian Realties 1 LLC (Name of the Limited L	iability Compa	ny as it now appears on our liability Company)	records,)			
(A F The Articles of Organization for this Limited Liabil Florida document number L19000111186				and ass	igned	
	<u>.</u>					
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabi	ility company here:				
The new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the designation	n "LLC" or the	abbreviation "L.	L.C."	
Enter new principal offices address, if applicable	e.	1007 N Federal Highway #2022				
(Principal office address MUST BE A STREET A		Fort Lauderdale, FL 33304				
				197	LI THE	
				1 A0	र्वे हैं। • न्यूच्या • त्यूच्या	
Enter new mailing address, if applicable:		1007 N Federal Highway	y #2022	2	· 	
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	Fort Lauderdale, FL 333	04	뫈		
				1: 8		
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, <u>ente</u>	1''	of the n	
Name of New Registered Agent:	Dimitrios Mane	entis				
New Registered Office Address:	1007 N Federal Highway #2022					
	Enter Florida street address					
<u> </u>	Fort Lauderdale		, Florida 33304			
		City		Zip Code		
New Registered Agent's Signature, if changing Regi			1.6 .1		t 11 .	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	and complete red agent as p istered office	performance of my dut provided for in Chapter	ies, and Lan 605, F.S. O	familiar wit r, if this docu	h and ment is	

Charging 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>	<u>Address</u>	Type of Action
MGR	Beretoulis, Alexandros	1007 N Federal Highway #2022	7
		Fort Lauderdale, FL 33304	Add
			☐ Remove
			■ Change
MGR	Beretoulis, Stavros	1007 N Federal Highway #2022	
		Fort Lauderdale, FL 333042	Add
			□ Remove
MGR	Manentis, Stavros	1007 N Federal Highway #2022	
		Fort Lauderdale, FL 33304	□ Add
			C Remove
			■ Change
MGR	Manentis, Dimitrios	1007 N Federal Highway #2022	
		Fort Lauderdale, FL 33304	■ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			Remove
			☐ Change
			□ Add
			□ Remove
			Change

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12.00 .4 1	. 10 .1 .1	.1 1	11-08-201	9		· · · · · · · · · · · · · · · · · · ·	
If an effective <u>Note:</u> If the	ate, if other than date is listed, the date date inserted in thi effective date on th	must be specific a	and cannot be pri- of meet the appl	icable statutory i	or more than 90 day	(optional) s after filing.) Pursuan s, this date will not	t to 605.0207 be listed as
	specifies a dela n day after the			ot an effectiv	e time, at 12	:01 a.m. on the	earlier of
Dated Nove	mber 8		2019				
Jaicu			<u> </u>	•			

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Typed or printed name of signee

Filing Fee: \$25.00