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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HELENIC CAPITAL INVESTMENTS LLC Name of Limited Limbility Company
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:
JEFFNEY MANATHAS Name of Person
THE MANATURS FIRM PUC
Firm/Company
20900 NE 30TH AVE. 8 TH FL. Address AVENTURA, FL 33301 City/State and Zip Code
AVENTURA, FL 33301
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JEFFREY MALATANS at (480) 3293469 Area Code Daytime Telephone Number
plame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- MELENIC CAPITAL INVESTMENTS LIC ?
(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 $\frac{5/1/19}{4}$ and assignt Florida document number $\frac{L19000118746}{4}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: ### IT A TIMESTMENTS LLC 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)
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 t registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
MGR	Costa Maltezos	7301 A W. Palmetto Park Rd. 306-C Boca Raton, FL 33433	Add
			■ Remove
			□ Change
MGR	ONE RESTAURANT GROUP LLC	7301 A W. Palmetto Park Rd. 306-C Boca Raton, FL 33433	■ Add
			□ Remove
		Change	
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fan ef <u>Note:</u>	tive 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 egoth day after the record is filed.
Dated	05 13 2019
	Signature of a member of authorized representative of a member
	JEFFACE MANAGEMENT Typed or printed name of signee
	T∳ped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00