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(Red	questor's Name)	
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(City	//State/Zip/Phone	> #)
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COVER LETTER

TO:	Registration Secti Division of Corpo					
		ENTERPRISES LLC				
SUBJE	sct:	Name of Limi	ted Liability Company			
The en-	closed Articles of Ai	nendment and fee(s) are subi	nitted for filing.			
Please	return all correspond	lence concerning this matter	to the following:			
		NICHOLAS M KAVOUK	LIS, DMD			
			Name of Person			
		STOTHEOS ENTERPRIS	ES LLC			
			Firm/Company			
		4010 W STATE ST				
			Address			
		TAMPA, FL 33609				
			City/State and Zip Code			
			AYTRUSTCOMPANY.COM		€\\ (2) -	. •
		E-mail address: ()	o be used for future annual report notifi	cation)		:
For fur	ther information con	cerning this matter, please ca	all:			
ALLIS	SON CONSTANT		813 915-6202		-7	5,2
	Name of F	Person	at () Area Code Daytime	Telephone Number	54 ti 04	08.411016
Enclos	ed is a check for the	following amount:			-	ő
≡ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	
	Mailing Address:		Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

College State of the College S

STOTHEUS ENTERPRISES 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	and assigned
Florida document number 1.19000268065	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
STOTHEOS ENTERPRISES LLC		
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or register	' 	the name of the new registered
4,1	> •	
agent and/or the new registered office address here		
4,1	<u></u>	
agent and/or the new registered office address here Name of New Registered Agent:	<u> </u>	
agent and/or the new registered office address here	Enter Florida street addres:	y
agent and/or the new registered office address here Name of New Registered Agent:	Enter Florida street addres:	y Orida

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 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		
AMRR =	Authorized	Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
		 	□Add
			□Remove
		.	□Change
			□Add
		<u> </u>	□Remove
			□Change
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. Effectiv	e date, if other than	the date of filin	g:		(opti	onal)	
Note: II	ctive date is listed, the date f the date inserted in the nt's effective date on the	inust be specific and is block does not it	d cannot be prior to meet the applical	date of filing or me	ore man 90 days and	r ming.) Pursuant to by	5.0207 (3)() ted as the
the record cord is file	specifies a delayed effe d.	ective date, but no	t an effective tim	e, at 12:01 a.m. o	on the earlier of: (I) The 90th day after	er the
Dated _	June 11		. 2020	_·			
			* The	15	7		

Filing Fee: \$25.00

Typed or printed name of signee