## 1200000000453

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## **COVER LETTER**

	Registration Sec Division of Corp			
	thekla int lle			
·UBJEC	:I:		ited Liability Company	<del></del>
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		tony hiotakis		
			Name of Person	
		thekla int llc		
			Firm/Company	*****
		1015 nw 23th st unit 3		
			Address	
		miami fl 33127		
		dennisykont@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	ation)
or furth	er information co	oncerning this matter, please ca	all:	
ony hiot	akis		561 239 6032	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporation	
P.O. Box 6327		7	The Centre of Tal	llahassee
,	Tallahassee, F	CL 32314	2415 N. Monroe S Tallahassee, FL 3	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

thekla int llc		15 1 2410
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)	)
ne Articles of Organization for this Limited Liability Con	npany were filed on 12/18/2019	and assigned
orida document number L20000000453		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SS)	
inter new mailing address, if applicable:		····
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>enter tl</u>	ne name of the new regist
The second secon		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
<del>!</del>	City:	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 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	tony hiotakis	1015 nw 23th st unit 3 miami fl 33127	□Add
			≣Remove
mgr	george john sarris	5540ne trieste way boca raton fl 33487	≌Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
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cument's	effective date	on the Departmer	nt of State's rec	ords.				
	ecifies a delayed	l effective date, b	ut not an effect	ive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day at	ter the
is filed.	12		2020					
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