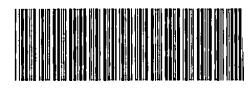
## LACCCOOI3478

(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Tallahassee, FL 32314

TO:

	PMENT GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	DEMETRIOS HATZILERIS		
		Name of Person	
	MIK EQUIPMENT GROU	JP LLC	
	<del></del> .	Firm/Company	
	402 VILLAGE DRIVE		
		Address	
	TARPON SPRINGS, FL 34689		
	City/State and Zip Code		<del></del>
	demetri.mikequip@gmail.co		-
		to be used for future annual report noti	dication)
For further information c	oncerning this matter, please c	all:	
DEMETRIOS HATZILI	ERIS	727 560-4870 at ( )	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

MIK EQUIPMENT GROUP 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 Liabi Florida document number $\frac{L20000013478}{L20000013478}$	ility Company were filed on Janua	ry 7, 2020 a
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here	:
The new name must be distinguishable and contain the word	s "Limited Liability Company." the design	gnation "LLC" or the abbreviati-
Enter new principal offices address, if applicabl	e:	_
(Principal office address MUST BE A STREET A	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		1.A.C.
(Mailing address MAY BE A POST OFFICE BO	X)	
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Estern Florida	street address
	imer randa	
-	City	, Florida Zip Co
		24

## 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 cor provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar v accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab 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 peor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>T</u>
AMBR	KALIOPE HATZILERIS	49 GULFWINDS DRIVE WEST	
		PLM HARBOR, FL 34683	·
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	<del></del>	
(If an effective date is listed Note: If the date insert	er than the date of filing:  d, the date must be specific and cannot be prior to date of filing of the date in this block does not meet the applicable statutory filiate on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuar iling requirements, this date will not
f the record specifies a dela ecord is filed.	ayed effective date, but not an effective time, at 12:01 a.i	m. on the earlier of: (b) The 90th d
Dated January 14	. 2021	
	THE	
	Signature of a member or authorized representat	tive of a member
DEMETRIC	OS HATZILERIS	
	Typed or printed name of signer	o

Filing Fee: \$25.00