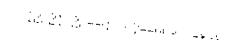
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COVER LETTER

TO: Registration : Division of Co		•		*
()	r Holdings, LLC			•
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Pete Apostolou			
		Name of Person		_
	Apostolou Holdings, LLC			2022
		2022 DEC 21		
		Address		7
		2:		
		City/State and Zip Code		_ ထ
	petegapostolou@gmail.con E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Pete Apostolou		727 647-0342 at ()		
Name c	of Person	Area Code Daytune	: Telephone Numbe	er
inclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 8	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apostolou Holdings, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 6/02/2020	and assigned
Florida document number 1.20000150163		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LEC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~
(Principal office address MUST BE A STREET ADDRESS)		221
		三色 西
		10000000000000000000000000000000000000
Enter new mailing address, if applicable:		19 P
Mailing address MAY BE A POST OFFICE BOX)		
		., w
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter t</u>	ge name of the new regis
New Registered Office Address:		
riew inegistering Office Address.	Enter Florida street address	
	, Flor	ida
	Cin	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>	Name	<u>Address</u>	Type of Action
AMBR	George Apostolou	275 1st St W	≣ Add
		Tierra Verde, FL 33715	70
			□Change
AMBR	Poppe Apostolou	275 1st St W	_
		Tierra Verde, FL 33715	□Remove
			DECREDANT NATIONAL
			Add 21
			☐Change
			☐Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
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Effective d:	ate. if other t	han the date o	ıf filino				(option	ali		
f an effective	date is listed, the	date must be specin this block doc	erric and can	not be prior to	date of filing (or more than 90	davs after fi	ling.) Purs	suant to 60	5,0207
document's	effective date (on the Departme	ent of State	's records.	ie statutory i	mig requirer	nents, titis e	auc wiii	not oc ns	icu as
record spec d is filed.	ithes a detayed	effective date.	but not an c	Hective tim	e, at 12:01 a.	m, on the car	lier of: (b)	The 90t	h day afte	er the
	10.	- 10								
Dated		-19 GW		2022	. •					
		1 1/1	2014	7/0	0					

Typed or printed name of signee