LACOUC 271365

(Req	uestor's Name)	
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(City	/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officar	
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Office Use Only



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LA. 12/28/20

COVER LETTER

TO: Registration Se Division of Cor			
	EK BOCA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ZAFEIRIS ZAMBIYADI	S	
		Name of Person	
	EAT GREEK BOCA, LLO	 	
		Firm/Company	
	21200 ST. ANDREW BL	VD	
		Address	
	BOCA RATON, FL 33433	3	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	ROULISZ2@YAHOO.CO		·
For further information of	eoneerning this matter, please c	to be used for future annual report not all:	inteation)
ZAFEIRIS ZAMBIYAI	DIS	772 359-8078	
Name of Person			ne Telephone Number
Enclosed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration		Registration Se	
Division of C	•	Division of Co	•
P.O. Box 631 Tallahassee,		The Centre of '	rananassee be Street, Suite 810
rananassee.	に は シキントマ	2413 N. MOIII	A SHEEL BUILD BLO

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.) ty Company)	
filed on 08/31/2020	and assigned
company here:	
mpany," the designation "LLC" or	r the abbreviation "L.L.C."
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ess on our records, <u>enter the</u>	e name of the new registere
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Par Plant Land H	<u> </u>
viner i iorida sirvei address	
. Florid	da
	ess on our records, enter the

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 Changing Registered Agent, Signature of New Registered Agent

· 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VASILAKIS, ATHANASIOS	426 NE 28th Terrace	□Add
		Boca Raton, FL 33431	
			□Change
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	e, if other than	n the date of fil	10/31/2020 ling:		(optional)	
Tective dat		te must be specific;	and cannot be prior to	o date of filing or more t	han 90 days after filing.)	Pursuant to 605.020
an effective da	ite is listed, the da	HIS DIOCK GOES HO	n meet the applicated State's records.	ole statutory filing re	quirements, this date v	vill not be listed a
in effective di ote: If the c	ite is listed, the dai late inserted in t Tective date on t	the Department o				
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Filing Fee: \$25.00