21000093388

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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1. 1

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Anastasios FL, LLC				
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				Art of Inc. File
	, , , , , , , , , , , , , , , , , , , ,			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
			ļ	Officer Search
			i	Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: BRANDEN	03/04/21			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Anastasio	s FL, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amondment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Maria Mathios		
		Name of Person	
	Anastasios FL LLC		
		Firm/Company	
	632 Edgewater Dr., Unit 7	31	
		Address	
	Dunedin, FL 34698		
		City/State and Zip Code	
	F-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please c	ali:	
Maria Mathios		703 304-1000	
Name (of Person	at () Area Code Daytin:	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of O P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anastasios FL, LLC		
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our record Liability Company)	is,
The Articles of Organization for this Limited Liability Company Florida document numberL2100093388	were filed on <u>3-3-2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
n/a		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	n/a	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	OST OFFICE BOX)	
		्रों े क
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter	the name of the news egistered
agent and of the new registered office address nere.		T A
Name of New Registered Agent: 11/8		
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street addres	c
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	ee to act in this capacity. I fu performance of my duties, ar provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
MGR	<u>Mathios, Leandros</u>	632 Edgewater Dr., Unit 731,	≅ Add
		Dunedin, FL 34698	□Remove
		P	□Change
			□Add
			□Remove
			Change
	 _		bbA□
			□Remove
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ffective date if other than th	ne date of filing:		•	(anti1)	
ffective date, if other than than effective date is listed, the date in lote: If the date inserted in this occument's effective date on the	DIOCK COCS HOT HIGEL CH	e applicable statut	ling or more than 90 day ory filing requiremen	os after filing.) Pursuant to	605.0207 listed as
record specifies a delayed effect I is filed.	tive date, but not an eff	ective time, at 12:)1 a.m. on the earlier	of: (b) The 90th day	after the
March 4,	202	1			
	303		sentative of a member		
<u> </u>	P				