

L22 000 336 967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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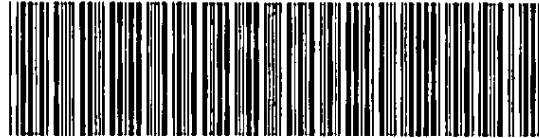
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRECIAN GODDESS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT SMITH

Name of Person

PALM BEACH FINANCIAL MANAGEMENT LLC

Firm/Company

PO BOX 3604

Address

WEST PALM BEACH / FL 33402

City/State and Zip Code

PALMBEACHFINANCIALLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT SMITH

561 677-0282
at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

GRECIAN GODDESS 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 Liability Company were filed on 08/01/2022 and assigned
Florida document number L22000336967.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

GRECIAN GODDESS LLC

(Principal office address MUST BE A STREET ADDRESS)

201 N US HIGHWAY 1

JUPITER FL 33477

Enter new mailing address, if applicable:

PALM BEACH FINANCIAL MANAGEMENT LLC

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 3604

WEST PALM BEACH FL 33402

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

9926 DOGWOOD AVE

Enter Florida street address

PALM BEACH GARDENS

Florida 33410

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAMJAN FRROKU	501 SABAL RIDGE CIRCLE APT D	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TSOURDI, ANASTAS	9926 DOGWOOD AVE	<input type="checkbox"/> Add
		PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL
2022 NOV 5 - 7 AM 9:40
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2022 NOV -7 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FL

FD-302

2022 NOV -7 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLA.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 26 2022

[Signature]

~~Signature of a member or authorized representative of a member~~

ANASTAS TSOURDI

Typed or printed name of signee

Filing Fee: \$25.00