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## **COVER LETTER**

TO:	Registration Se Division of Cor			•
ettib ned	nn. Private Tou	irs Athens, LLC.		
SOBJE	VI:		nited Liability Company	<del> </del>
The encl	losed Articles of	Amendment and fee(s) are sub	amitted for filling	
THE CHC	oscu America or	Amenoment and ree(s) are suc	matted for thing.	
Please re	eturu all correspo	ndence concerning this matter	to the following:	
		Sabita 7	Name of Person	1085#23P
		Noten Pro	Firm/Company	M
		7498 Angl	cwod lone.	
		Tallahas mike Drale E-mail address:	City/State and Zip Code  To be used for future annual report notice.	fication)
For furth	er information c	oncerning this matter, please c		
Del	Name o	o Courto	at (850) Slod.  Area Code Daytim	· 6058
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
<b>■ \$2</b> 5.6	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C	Section orporations	Street Address: Registration Se Division of Cor	porations
	P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT: Private ?		<u> </u>	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Gregory A. Fox, Esq.		
		Name of Person	<del></del>
	r. er b.		
	Fox & Fox, P.A.	Firm/Company	<del></del>
		,	
	2515 Countryside Blvd., S	uite G	
		Address	
	Clearwater, Florida 33763		
		City/State and Zip Code	<del></del>
	greg@foxlawpa.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please c	ali:	
Desite Totaletee		707 707 4554	
Paula Fakiolas	e of Person	at (727 ) 796-4556  Area Code Daytim	e Telephone Number
Parkery for strate	.1 6.11		
	r the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &
	Gormina or Charles	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Add	ress:	Street Address:	
Registratio		Registration Se	ction
	Corporations	Division of Cor	
P.O. Box 6		The Centre of T	
Tallahassed	e, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

Private Tours Athens, 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 December 13, 2022 and assigned Florida document number L22000522494 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address , Florida \_ City 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>	Address	Type of Action
MGR	Areti Argeros	3634 Nettle Creek Court	
		Holiday, Florida 34691	□Remove
			□Add
			□Remove
			□Change
			Remove
			□Change
			DAdd
			□Remove
			□Change
		<del></del>	
			□Change
			□Remove
			[] Change

Note:	tive date, if other than the date of filing: 12/13/2022 (optional)  ffective 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 505 0207 in If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
: rsc(	ord 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 filed.
d is i	
	January 23
rd is f	January 23 , 2023  Signature of a member or authorized representative of a member

Filing Fee: \$25.00