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COVER LETTER

TO: Registration S Division of Co			
11138 60° SUBJECT:	TH Ave LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sui	bmitted for filing	
	oondence concerning this matter		
	Katherine Kokkinakos		
		Name of Person	
	2076 Seminole Blvd.		
		Finn/Company	
	Suite A		
		Address	
	Largo, FL 33778		
		City/State and Zip Code	···
	kkathy1@gmail	COM (to be used for future annual report not	
F			ification)
For further information	concerning this matter, please of	eall:	
Katherine Kokkinakos		727 639-2685	
Name	of Person	at ()at Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 (Section Corporations	Street Address: Registration Se Division of Con	rporations
P.O. Box 632 Tallahassee,		The Centre of 7 2415 N. Monro	Fallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	our records.)	············
The Articles of Organization for this Limited I Florida document number L23000163696	Liability Compan	y were filed on 04/18.	/2023	_ and assigned
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
N/A The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli		N/A		21, 2
(Principal office address MUST BE A STRE	ET ADDRESS)	100-001		· 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		<u> </u>
				0.22
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our reco	rds, <u>enter the name o</u>	I the new register
Name of New Registered Agent:	Panagiotis Kol	kkinakos		
New Registered Office Address:	2076 Seminolo	Blvd., Suite A		
		Enter Florida	street address	
	Largo		, Florida <u>33778</u>	B <u>-</u>
New Registered Agent's Signature, if changing	Registered Agent	City <u>:</u>		Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the propacter the obligations of my position as regulating filed to merely reflect a change in the	per and complete istered agent as	performance of my provided for in Cha	duties, and I am fam pter 605, F.S. Or, if i	uiliar with and his 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>	<u>Name</u>	Address	Type of Action
		·	DAdd
			□Remove
			□Change
			□Add
	-		□Remove
			□Change
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			□Remove
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ortive date if other	or then the date of fil	ing:		(ontions	N.
effective date is listed	r than the date of fil the date must be specific	and cannot be prior to	date of filing or more	han 90 days after filin	g.) Pursuant to 605.0207
	ed in this block does no ite on the Department o				e will not be listed as
	•				
cord specifies a dela	yed effective date, but r	not an effective tim	ie, at 12:01 a.m. on t	he carlier of: (b)	The 90th day after the
s filed.					
July 26	_	2024			
ed	-		_•		
ea					
ea	1	_			

Filing Fee: \$25.00

Typed or printed name of signee