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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FILIKI 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:

DALE TWARDOWSKI

Name of Person

ACCOUNT TAX LLC

Firm/Company

PO BOX 4416

Address

CLEARWATER, FL 33758

City/State and Zip Code

ACCOUNTTAX411@YAHOO.COM

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

For further information concerning this matter, please call:

DALE TWARDOWSKI

at (727) 748-8954

Name of Person

Area Code

Daytime Telephone Number

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**

FILIKI 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 04/18/2023 and assigned  
Florida document number 1.23000191161.

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)**

FILIKI LLC

1493 SEAGULL DRIVE

SAINT PETERSBURG, FL 33707

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

FILIKI LLC

1493 SEAGULL DRIVE

SAINT PETERSBURG, FL 33707

**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:

ANGELO MARKOPOULOS

New Registered Office Address:

1493 SEAGULL DRIVE

Enter Florida street address

SAINT PETERSBURG

City

Florida 33707

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	ANGELO MARKOPOULOS	1493 SEAGULL DRIVE	<input checked="" type="checkbox"/> Add
		SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTONIOS MARKOPOULOS	44 LEEWARD IS	<input type="checkbox"/> Add
		CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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4.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

ANGELO MARKOPOULOS

**Filing Fee: \$25.00**