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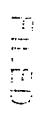
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## COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT: DE	KOURS REALTY, LLC
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company
The enclosed Articles of Ame	ndment and fee(s) are submitted for filing.
Please return all corresponden	ce concerning this matter to the following:
_	MICHAEL JOHN KOURSIOTIS
	Name of Person
	DE KOURS REALTY LLC Firm/Company
	1015 AAC - AAC - AAC - AAC
_	ILIS CASTLE TEKKALE
	TARPON SPRINGS, FL. 34689
_	City/State and Zip Code
	MIKE KOURSIOTIS & YAHOO. COM E-mail address: (to be used for future annual report notification)
For further information concer	•
MICHAEL JOHN	K-1001810 722 11/0 1214
Name of Pers	at (TOT) TOUT 317  Area Code Daytime Telephone Number
Enclosed is a check for the fol	flowing amount:
\$25.00 Filing Fee	S55.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporate Cor	<del></del>
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE KOUKS REALIY,	LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L-23006433283</u>	nany were filed on	3 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited  DE KOURS INTERNAT  The new name must be distinguishable and contain the words "Limited I	IONAL REALTY	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<del></del>	2023 OC
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
		_, Florida
	Ciţ	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>	Name	Address	Type of Action
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te:	fective date, if other than the date of filing:
	d 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 led.
ed	SEPTEMBER 26, 2023
	Signature of a member or authorized representative of a member
	MICHAEL JOHN KOURSIOTIS

Filing Fee: \$25.00