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05/02/24 -01035--001 **25.00



COVER LETTER

TO:

TO: Registration So Division of Cor			
ALTORIA SUBJECT:	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SAU CHING S CHAN		
		Name of Person	
	ALTORIA LLC		
		Firm/Company	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	3303 PILOT CIRCLE		
	-	Address	- :
	NAPLES, FL 34120		
	suevic@fastmail.com	City/State and Zip Code	
Ear further information a		to be used for future annual report notif	ication) .
	oncerning this matter, please c	aii:	
SAU CHING S CHAN		239 404-8369 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration Sec	etion
Division of C	Corporations	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ears on our records.)
01/22/2024 and assigned
<u>here</u> :
e designation "LLC" or the abbreviation "L.L.C."
2021
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<u> </u>
records, enter the name of the new regis
lorida street address
oriaa sireei aaaress

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
AMBR	DIMITRIOS BOUTSIKAKIS	3303 PILOT CIRCLE, NAPLES, FL 34120	≘ Add
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ective date, if other tha	n the date of filin	g:	<u>-</u> .	(optic		
n effective date is listed, the date: If the date inserted in trument's effective date on	his block does not i	meet the applical	odate of filing or models statutory filing	ore than 90 days after g requirements, this	filing.) I ^r date w	Pursuant to 605.020 ill not be listed a
cord specifies a delayed ef s filed.	fective date, but no	t an effective tin	ne, at 12:01 a.m. o	on the earlier of: (b) The	90th day after the
ed		2024	_ •			
	X		ized representative	<u></u>		

Filing Fee: \$25.00