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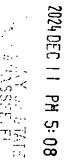
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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- COVER LETTER

TO: Registration Se Division of Cor			
Yiannis Gro SUBJECT:	eek Cuisine LLC		
SUBJECT:	Name of Lim	ited 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:	
	Joseph Khouri		
		Name of Person	
		Firm/Company	
	880 Mandalay Ave, S1007		
		Address	
	Clearwater, FL 33767		
	toniakhouri@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Tonia Khouri		630 9016777 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 tadditional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yiannis Greek Cuisine LLC	itad Liability Comp		wat. V
(Same of the Lim	(A Florida Limited	any as it now appears on our reco Liability Company)	<u>105.</u>)
The Articles of Organization for this Limited L		y were filed on 5/17/2024	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREA	ET ADDRESS)		20
			24 D
Inter new mailing address, if applicable:		880 Mandalay Ave. \$1007	EC 11
Mailing address MAY BE A POST OFFICE BOX)		Clearwater, FL 33767	SSU PP
			S: (
			8
3. If amending the registered agent and/or		address on our records, ente	er the name of the new regis
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Joseph Khouri		
New Registered Office Address:	880 Mandalay	Ave, S1007	_
		Enter Florida street addr	255
	Clearwater	. I	dorida <u>33767</u>
	.	City	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>	Address	Type of Action
AMBR	Joseph Khouri	514 Dodecanese Blvd	≣ Add
		Tarpon Springs, FL 34689	□Remove
			□Change
AMBR	Jay Beyrouti	514 Dodecanese Blvd	■Add
		Tarpon Springs, FL 34689	□Remove
			□Change
		****	□Add
		-	□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change

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`an effe <u>Vote:</u> - I	tetive date, if other than the date of filing:
record d is file	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 ed.
Dated _	12/4 2024 Oliver wit
	Signature of a member or authorized representative of a member