

L/2000066383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

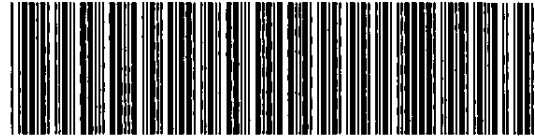
(Business Entity Name)

(Document Number)

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11:10  
12 OCT 25 PM 12:02  
SUPERIOR COURT  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 26 2012  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**EUCLAW LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**ELEONORA TODARO**

\_\_\_\_\_  
Name of Person

**JET SET GROUP LLC**

\_\_\_\_\_  
Firm/Company

**860 COLINS AVENUE UNIT 207**

\_\_\_\_\_  
Address

**MIAMI BEACH**

\_\_\_\_\_  
City/State and Zip Code

**INFO@JETSETGROUPLLC.COM**

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

For further information concerning this matter, please call:

**ELEONORA TODARO**

\_\_\_\_\_  
Name of Person

at ( 305 )

7983095

\_\_\_\_\_  
Area Code & Daytime Telephone Number

STATE OF FLORIDA  
TALLAHASSEE

12 OCT 25 PM 12:02

FILED

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
EUCLAW LLC**

\_\_\_\_\_  
**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

05/16/2012

The Articles of Organization for this limited liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L1200066383

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 end with 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)**

860 COLLINS AVENUE UNIT 207,  
MIAMI BEACH, FLORIDA 33139

**Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

860 COLLINS AVENUE UNIT 207  
MIAMI BEACH, FLORIDA 33139

**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:** \_\_\_\_\_

**New Registered Office Address:** 860 COLLINS AVENUE UNIT 207  
*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
MIAMI BEACH, Florida 33139  
*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		<del>_____</del>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<del>_____</del>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<del>_____</del>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<del>_____</del>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<del>_____</del>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<del>_____</del>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

12 OCT 25 PM 12:02  
 TALLAHASSEE, FLORIDA

Dated OCTOBER 20TH, 2012

*Natalia Bianchi*  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Typed or printed name of signer  
**NATALIA BIANCHI**