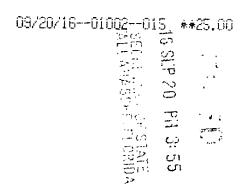
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COVER LETTER

TO: Registration Son Division of Con			
SUBJECT: EURC	BREAD EU-USA, L	LC	
Schilett	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MAGDA CASAF	RES GAMDZJAN Name of Person	
		Name of Feldon	
	EUROBREAD E	Firm/Company	
		r iniz company	
	1801 S. OCEA	AN DR., # 238 Address	, <u> </u>
		Audress	
	HALLANDALE	BEACH, FL 33009	
	eurobreadusa	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
	ARES GAMDZJAN	at (305) 746-8 Area Code Daytime	3977 Telephone Number
Name	or reison	Alea Coue Daytine	rerephone Number
Enclosed is a check for t	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:

TO:

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

TO ARTICLES OF ORGANIZATION **OF**

EUROBREAD EU-U					
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.			
The Articles of Organization for this Limited L		07/18/2016	an	nd assig	gned
Florida document number <u>L160001350</u>)14				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	of the limited liability company h	<u>iere</u> :			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or th	ie abbreviatio		.C."
D. 4			33.0	S 9	
Enter new principal offices address, if applic				<u></u>	
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)		- 15 Tips	<u>ra</u>	**
		···			4.11
			715	53	· -=-}
			- F G S - F S I S - F S I S	ယ္	Mary Service Control
Enter new mailing address, if applicable:				<u>ਹਾ</u>	
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		``.'>		
		_			
3. If amending the registered agent and		n our records, <u>ent</u>	ter the na	ame o	f the nev
egistered agent and/or the new registered o	ffice address here:				
Name of New Registered Agent:	MAGDA CASARES	GAMDZJAN			
	1901 C OCEAN D	D #338			
New Registered Office Address:	1801 S. OCEAN D	orida street address			
		• • • • • • • • • • • • • • • • • • • •	2222	_	
	HALLANDALE BEA	.CH, Florida	3300		
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Magda Casares Gamdzjan	1801 S. OCEAN DR, #238	
		HALLANDALE BEACH, FL 33009	Remove
			Change
			Add
		-	Remove
			Change
			🗆 Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
		Acceptance of the second secon	- ⊡-Remove
			Politica dia
		E. FI (RIDA	PAdd C
		A A GILL	Cn Cn Remove
			☐ Change

* L *	to a contract of	
	<u>.</u> . '	
(If an e <u>Note:</u> docui	ctive date, if other than the date of filing:	as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	or:
Dated	SEPTEMBER 3, 2016	
	Aug Shift	
	Signature of a member or authorized representative of a member	
	MAGDA CASARES GAMDZJAN	,
		ng wi
	Page 3 of 3	

Filing Fee: \$25.00