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PICK-UP WAIT MAIL

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(Document Number)

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SEP 20 16 3:55
STATE OF FLORIDA
TALLAHASSEE

SEP 22 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EUROBREAD EU-USA, LLC
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:

MAGDA CASARES GAMDZJAN

Name of Person

EUROBREAD EU-USA, LLC

Firm/Company

1801 S. OCEAN DR., # 238

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

eurobreadusallc@yahoo.com

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

For further information concerning this matter, please call:

MAGDA CASARES GAMDZJAN

Name of Person

at (**305**)

Area Code

746-8977

Daytime Telephone Number

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

**TO
ARTICLES OF ORGANIZATION
OF**

EUROBREAD EU-USA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/18/2016 and assigned Florida document number L16000135014.

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 contain 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)

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

SECRETARY OF STATE
ALLIANCE
16 SEP 20 16 3:55
FLORIDA

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: MAGDA CASARES GAMDZJAN

New Registered Office Address: 1801 S. OCEAN DR., #238

Enter Florida street address

HALLANDALE BEACH, Florida 33009

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Magda Casares Gamdzjan	1801 S. OCEAN DR, #238	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
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SEP 27 11 55 AM '00
 STATE OF FLORIDA
 TALLAHASSEE
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Lined area for text entry.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated SEPTEMBER 3, 2016

Signature of a member or authorized representative of a member

MAGDA CASARES GAMDZJAN

Typed or printed name of signee

16 SEP 20 PM 3:55
SEC. OF STATE
TALLAHASSEE, FLORIDA