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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:EURO EXCHANGE, CORP.							
DOCUMENT NUMBE	4BER:						
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:					
		GIANCARLO GASPARINI					
_		Name of Contact Person					
		EURO EXCHANGE, CORP.					
•		Firm/ Company					
		242 NE 1ST STREET					
_		Address					
_		MIAMI, FL 33132					
		City/ State and Zip Code					
	g	giancarlo@euroexchangeusa.com					
	E-mail address: (to be u	sed for future annual report notification)					
For further information	concerning this matter, pleas	se cali:					
GIANCA	RLO GASPARINI	at (					
Name of	Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for t	the following amount made	payable to the Florida Department of State:					
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

#### **Articles of Amendment** to Articles of Incorporation of

### EURO EXCHANGE, CORP. .

# (Name of Corporation as currently filed with the Florida Dept. of State)

	P9900	0056031			
	(Document Number	of Corporation (if know	n)	,	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpor	ation adopts the follow	ving amendm	nent(s) to
A. If amending name, enter the new na	ame of the corporation:				
N/A				The ne	w
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional	'incorporated" or the corporation name mu	abbreviationst contain the	on he
B. Enter new principal office address.	if annlicable:	N/A			
(Principal office address MUST BE A S				23	
				<del>(                                    </del>	
C. Enter new mailing address, if appli	icable:	N/A	٠.	- <u>-</u> -	(Principles
(Mailing address MAY BE A POST	(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		· [17]
			<u>,·</u>	<u> </u>	
				-	-
D. If amending the registered agent ar new registered agent and/or the ne			the name of the		
new registered agent and/or the ne	N/A	<u> </u>			
Name of New Registered Agent		·	<del></del> _	<del>_</del> -	,
			_ <del></del>		
	`	street address)			
New Registered Office Address:	N/A		, Florida		_
		(City)	(2	Zip Code)	
New Registered Agent's Signature, if o	hanging Registered Age	nt:			
I hereby accept the appointment as regis			oligations of the position	n.	
			•		
	Signature of New	Registered Agent, if ch	anging	_	
	<i>y</i>	0 79	U U		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>.</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	С	_	LUIS GASPARINI	242 NE 1ST STREET
X Add				MIAMI, FL 33132
Remove				·
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself;  (if not applicable, indicate N/A)	'A	or adding additional sheets, if nec	cessary). (Be sp	ecific)				
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	01/01/2016	
The date of each amendment(s) adoption: date this document was signed.	•	, if other than the
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the article approval.	mendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amenda	
	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	the board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and sha	ıreholder
09/29 Dated	/2016	
Signature		
(By a director, p selected, by an	president or other officer—directors or officers have incorporator—if in the hands of a receiver, trustee, contains by that fiduciary)	
	GIANCARLO GASPARINI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	