

L/2000066383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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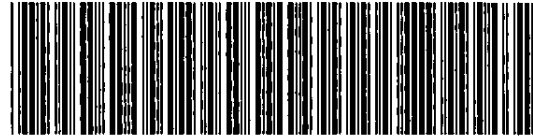
(Business Entity Name)

(Document Number)

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12 OCT 25 PM 12:02  
SUNSHINE STATE  
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

12 OCT 25 PM 12:02  
TALLAHASSEE, FLORIDA

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*

MIAMI BEACH

, Florida

33139

**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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

Dated OCTOBER 20TH, 2012

Natalia Bianchi  
Signature of a member or authorized representative of a member

Typed or printed name of signee

NATALIA BIANCHI