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EXAMINER

DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Section Division of Corpo		4	:	4 (d)
SUBJ	ECT:	EUROVISION	INVESTMENTS, LI	LC	4
			ted Liability Company		•
		nendment and fee(s) are sub ence concerning this matter	_		
	·	•	·		
			AVA BARON		_
			Name of Person		
		EUROVI	SION INVESTMENTS	, LLC	_
			Firm/Company		
		1919	_		
			Address		_
		COR	AL SPRINGS FL 3307	71	
			City/State and Zip Code	-	_
		E-mail address: (1	abaronpa@yahoo.com to be used for future annual report	t notification)	-
For fu	rther information con-	cerning this matter, please c	·		
	AVA	BARON	at (954)	614-6602	
	Name of Po		Area Code & D	aytime Telephone Numb	per
Enclos	sed is a check for the	following amount:			
		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certific closed) Certific	Filing Fee, cate of Status & ed Copy conal copy is enclosed)
	MAILIN	G ADDRESS:	STREET/CO	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EUROVISION INVESTMENTS, 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 Lia	ability Company were filed on _	10/06/2004	and assigned		
Florida document number L0400072	274				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability company	here:			
	N/A				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Cor	npany," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if applica	ble: N/A				
(Principal office address MUST BE A STREET	(ADDRESS)	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:	N/A				
(Mailing address MAY BE A POST OFFICE E	<u></u>				
B. If amending the registered agent and/o registered agent and/or the new registered off		n our records, <u>enter (</u>	the name of the new		
Name of New Registered Agent:	AVA BARON	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
New Registered Office Address:					
	Enter Florida street ada	lress			
	CORAL SPRINGS	S, Florida	33071		
	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>	Address	Type of Action
MGRM	EVA JACHOLKOWSKI		Add Remove
MGRM ·	PATRICK JACHOLKOWSK		☐ Add ☑ Remove
MGRM	AVA BARON		Add Remove
MGRM	PATRICK BARON		✓ Add Remove
			Add Remove
			Add Remove
D. If amen	N/Δ	ege(s) here: (Attach additional sheets, if necessary.)	_
 Dated	02/07 , _2	2012	_
	// EV/	er or authorized representative of a member A JACHOLKOWSKI AVA BARO d or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00