

L05000081153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 20 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Euro Clairmont Acquisitions, 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:

Steve Adelman

Name of Person

Euro American Advisors, Inc

Firm/Company

2338 Immokalee Rd, Ste 411

Address

Naples, FL 34110

City/State and Zip Code

info@eaausa.com

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

For further information concerning this matter, please call:

Gary Welsh

Name of Person

at 727 709-3898

Area Code & 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Euro Clairmont Acquisitions, 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 08/15/2005 and assigned
Florida document number L05000081153

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)

2801 W Busch Blvd

Suite 200

Tampa, FL 33618

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2801 W Busch Blvd

Suite 200

Tampa, FL 33618

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:

Ridge Crossing Capital LTD

New Registered Office Address:

2801 W Busch Blvd, Ste 200

Enter Florida street address

Tampa

City

Florida 33761

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.

Dirk Van der Eerden
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

President Euro Ridge Crossing Inc
General Partner - Ridge Crossing Capital Ltd



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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

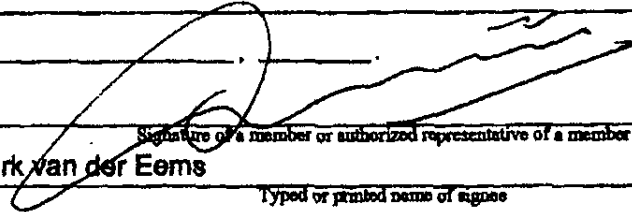
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ridge Crossing Capital LTD	2801 W Busch Blvd	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Tampa, FL 33618	
MGRM	Ameurco Management Inc	2203 N Lois Ave	<input type="checkbox"/> Add
		Suite 900	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33607	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member
Dirk van der Eems

Typed or printed name of signer

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Filing Fee: \$25.00

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