

LOS 000090408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

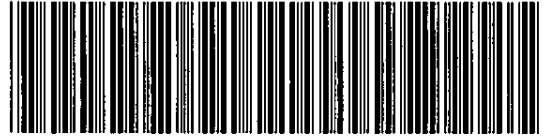
(Business Entity Name)

(Document Number)

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11/12/08--01031--007 \*\*25.00

Amendment  
LOS-90408

FILED  
08 NOV 12 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

NOV 13 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EUROCON,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:

Perla Sole Calas Esq.

(Name of Person)

Perla Sole Calas P.A.

(Firm/Company)

15450 NEW BARN RD SUITE 302

(Address)

Miami Lakes, Florida 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

Perla Sole Calas Esq. at ( 305 ) 827-0084

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

EUROCON, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/07/2005 and assigned  
Florida document number L05000090408.

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:**

2051 NW 112TH Avenue Suite 114

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, Florida 33172

**Enter new mailing address, if applicable:**

2051 NW 112TH Avenue Suite 114

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, Florida 33172

**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:

Perla Sole Calas P.A.

New Registered Office Address:

15450 NEW BARN RD SUITE 302

*(Enter Florida street address)*

Miami Lakes,

*(City)*

, Florida 33014

*(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

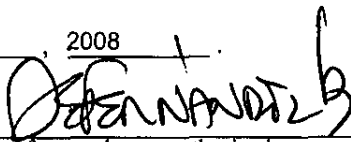
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Wulff, Adel	2315 NW 107th Avenue Ste. 1M-17, Box 52 Doral, Florida 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Ambard, Leo	2315 NW 107th Avenue, Ste. 1M-17 Box 52 Doral, Florida 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Henry Contreras	2201 NW 102nd Place, Bay 3 Miami, Florida 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Padron, Orlando	2201 NW 102nd Place, Bay 3 Miami, Florida 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Baumgartner, Hans	2315 NW 107 Avenue, Ste. 1M-17 Box 52 Doral, Florida 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jorge Fernandez	2051 NW 112th Avenue Ste. 114 Miami, Florida 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 10

2008



Signature of a member or authorized representative of a member

Jorge Fernandez

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 NOV 12 PM 1:26

FILED