

L06000005079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

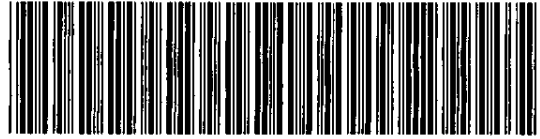
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 20 PM 3:44

FILED

C. LEWIS

JAN 21 2009

EXAMINER

TO: Registration Section
Division of Corporations

SUBJECT: EUROBUSINESS INTERNATIONAL 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:

ALVARO TORRES

(Name of Person)

EUROBUSINESS INTERNATIONAL LLC

(Firm/Company)

460 WATER ST

(Address)

CELEBRATION FL 34747

(City/State and Zip Code)

For further information concerning this matter, please call:

KYRILL SRESNEWSKY

(Name of Person)

at (407) 947 7820

(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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TALLAHASSEE, FLORIDA

(A Florida Limited Liability Company)

Page 1 of 2

Amending the Managers or Managing Members of an LLC, 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	ALVARO TORRES	460 WATER ST CELEBRATION FL 34747	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	EUROBUSINESS EUROPE SL	AV CIUDAD DE BARCELONA 210 Suite 4-E MADRID, SPAIN, 28007	<input type="checkbox"/> Add <input checked="" 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.)

Dated JANUARY 16TH

2009

Signature of a member or authorized representative of a member

ALVARO TORRES

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA