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C. LEWIS

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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) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$25.00 Filing Fee **△**\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION OF

FILED

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EUROBUSINESS INTERNATIONAL LLC

STORE MANY BY STATE

(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 1-9-	and assigned	
Florida document number L0600005079		_	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	e designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable:	460 WATER ST		
(Principal office address MUST BE A STREET ADDRESS)	CELEBRATION FL 34	747	
Enter new mailing address, if applicable:	52 RILEY ROAD #396	,	
(Mailing address MAY BE A POST OFFICE BOX)	CELEBRATION FL 34747		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our rec e:	cords, <u>enter the name of the nev</u>	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Flo	orida street address)	
	(City)	_, Florida(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)

MGR = Mana MGRM = Man	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALVARO TORRES	460 WATER ST CELEBRATION FL 34747	Add Remove
MGRM_	EUROBUSINESS EUROPE SL	AV CIUDAD DE BARCELONA 210 Suite MADRID, SPAIN, 28007	
			Add Remove
			Add Remove
			Add Remove
•			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if neces	sary.)
		,	3
		<u> </u>	JAN 20 P
Dated JANUAF	- Jugio 1		
	Signature of a member of ALVARO TORRES	r authorized representative of a member	•
_		printed name of signee	

or Managing Member being added or removed from our records:

Page 2 of 2

Filing Fee: \$25.00