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(Re	equestor's Name)	_ `
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PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name	<u>a)</u>
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(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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11/10/11--01016--004 **25.00



D. BRUCE

EXAMINER

COVER LETTER

イO: 、 Registration Sectio Division of Corpora			
SUBJECT: <u>EURO</u>	GROUP EQUI	ety Partners LL ded Lability Company	<u>.</u>
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
-		ter Tarangelo Name of Person	
-	Eupe	Firm/Company FOO 45th St Address Address St Palm Beach City/State and Zip Code	rtners LLC
-	35	00 45 th St	reet Suite 17
-	We.	St Palm Beach City/State and Zip Code	FL 33407
_		VISA@ Aol. com o be used for future annual report notificati	
For further information conce	erning this matter, please ca	all:	AHE T
Peter Tar	angelo	at (<u>561) 339 - 89</u> Area Code & Daytime Te	I PA SSEE FLORIE
Enclosed is a check for the fo	llowing amount:		6 6
\$25.00 Filing Fee]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Euro Group Eaus (Name of the Limited Liability Com	partners LLC partners on our records.)	<u>-</u>
. (A Florida Limited	d Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on $2/6/2006$	and assigned
Florida document number <u>L06 0000 87215</u> .	· •	·
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited li	ability company here:	
N/A		
The new name must be distinguishable and end with the words "Li "L.L.C."	imited Liability Company," the designation	n "LLC" or the abbreviation
	1	
Enter new principal offices address, if applicable:	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	A A
(Principal office address MUST BE A STREET ADDRESS)		≧∺ j _ n
		ASS C
F	. 1.	سا قد بتي
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N//	
(Muning university of the AFOST OFFICE BOA)	- Value	
		<i>P</i>
B. If amending the registered agent and/or registered		er the name of the new
registered agent and/or the new registered office address h	ere:	
Name of New Registered Agent:	21/4	
	~/"	
New Registered Office Address:	Enter Florida street a	address
	Bhei I tortau sireet t	sireei uuuress
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ager	•	Dip Code
		
I hereby accept the appointment as registered agent and ag		
the provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent a		
being filed to merely reflect a change in the registered offic		
company has been notified in writing of this change.	NA	
IfCi	hanging Registered Agent, <u>Signature of New</u>	Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> **Address** MGL John BattilANA Remove □ Add ☐ Remove ∏Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member of authorized representative of a member Managing Member Typed or project name of signee

Page 2 of 2

Filing Fee: \$25.00