

L06000114279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

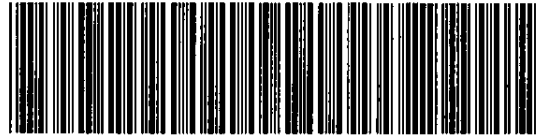
Special Instructions to Filing Officer:

A. LUNT

NOV 23 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 19 AM 10:23

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EURO ISLAND INVESTORS, 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:

DAVID MUYRES

Name of Person

EURO ISLAND INVESTORS, LLC

Firm/Company

1409 KINGSLEY AVE, BLDG 2

Address

ORANGE PARK, FL 32073

City/State and Zip Code

dmuy1@aol.com

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

For further information concerning this matter, please call:

Silverly May

Name of Person

at (904)

621-8171

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EURO ISLAND INVESTORS, 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 November 29, 2006 and assigned Florida document number L06000114279.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2006 NOV 19 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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:

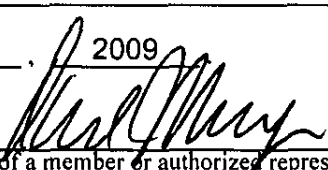
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WRIKEL, ROBERT	13765 HARBOR CREEK PLACE JACKSONVILLE, FL 32224	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GLOVER, JOHN	1960 MORNINGSIDE ST JACKSONVILLE, FL 32205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HOWELL, WILLIAM	4545 ORTEGA BLVD JACKSONVILLE, FL 32210	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MUYRES, WILLIAM	1485 KATHLEEN WAY FLEMING ISLAND, FL 32003	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	FENCHEL, RICHARD	1121 KINGSLAND CT ST. JOHNS, FL 32259	<input checked="" 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 NOVEMBER 12, 2009


Signature of a member or authorized representative of a member

DAVID MUYRES

Typed or printed name of signee

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ALLAHAMMEE, FLORIDA
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