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KSALY EXAMINER FEB 21 2012

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	r∕T∙	EURC	PA 804, LLC		
SULUI			ted Liability Company		_
		f Amendment and fee(s) are sul	•		
		K	ATHRIN WEXELMAN		_
Name of Person					
Firm/Company					
1400 SOUTH OCEAN BLVD, 804					
		<u></u>	Address		
		LAUDERI	DALE BY THE SEA, F	L 33062	
			City/State and Zip Code		_
		EW	EX@BELLSOUTH.NE to be used for future annual repo	T at notification	<u>_</u>
T C	4 · C ·		·	nt nouncation)	
For fur	ther information	concerning this matter, please of	all:		
	KATHI	RIN WEXELMAN	at (954)	465-6188	
	Name	of Person	Area Code & l	Daytime Telephone Nun	nber
Enclos	ed is a check for	the following amount:			
[] \$2 5	6.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	Certificiosed) Certif	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
		LING ADDRESS:	STREET/C	OURIER ADDRESS	:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED:
12 FEB 20 PM 3: 47
SECRETARY OF STATE

	EURO	PA 804, LLC	為山	LAHASSEE, FLORIDA		
(Na	me of the Limited Liability Co (A Florida Lim	ompany as it now appea ited Liability Company)	rs on our records.	ACIMON		
The Articles of Organization f	or this Limited Liability Com	pany were filed on	11/13/2007	and assigned		
Florida document number	L07000114037					
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limited	liability company her	<u>re</u> :			
The new name must be distingu "L.L.C."	shable and end with the words	Limited Liability Compa	any," the designation "l	LC" or the abbreviation		
Enter new principal offices a	nddress, if applicable:					
(Principal office address MU	<u>ST BE A STREET ADDRES</u>	<u></u>				
Enter new mailing address,	if applicable:					
(Mailing address MAY BE A	POST OFFICE BOX)	<u></u>				
B. If amending the regist registered agent and/or the			our records, <u>enter t</u>	he name of the new		
Name of New Regis	ered Agent:					
New Registered Offi	ce Address:	Fn	nter Florida street ada	lress		
		. Florida				
		City	, FIOTIUS	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 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 **Type of Action Address** Title · **Name MGRM EUROPA 804 TRUST** 1400 SOUTH OCEAN BLVD., 804 | ✓ Add LAUDERDALE BY THE SEA. FL 33062 ☐ Remove MGR **ELLIOTT WEXELMAN** 1400 SOUTH OCEAN BLVD., 804 √ Add LAUDERDALE BY THE SEA, FL 33062 Remove MGR KATHRIN WEXELMAN 1400 SOUTH OCEAN BLVD., 804 √ Add LAUDERDALE BY THE SEA EL 33062 Remove Add Remove \square Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 20 **OCTOBER** 2011 Dated Signature of a member or authorized representative of a **ELLIOTT WEXELMAN - KATHRIN WEXELMAN** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00