

LO 7000 117145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

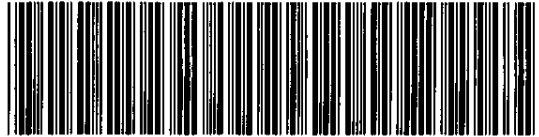
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 21 AM 11:44

Hampton DEC 24 2007

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EURO FINANCIAL SOLUTIONS 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:

NICHOLAS G LELANDIS  
(Name of Person)

EURO FINANCIAL SOLUTIONS LLC  
(Firm/Company)

5178 Cypress Creek Dr  
(Address)

Orlando FL 32811  
(City/State and Zip Code)

For further information concerning this matter, please call:

NICHOLAS LELANDIS  
(Name of Person)

at (407) 489 0711  
(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 21 AM 11:44

Euro FINANCIAL SOLUTIONS 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 11/21/2007 and assigned  
Florida document number L07000117145.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Euro FINANCIAL SOLUTIONS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:

JOSEPH T SAUNDERS

New Registered Office Address:

36 HEATHER GREEN CT

(Enter Florida street address)

ORLANDO

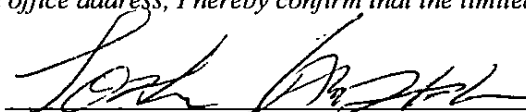
(City)

Florida 34761

(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>
_____	_____	_____	<input type="checkbox"/> Add Remove
_____	_____	_____	<input type="checkbox"/> Add Remove
_____	_____	_____	<input type="checkbox"/> Add Remove
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_____	_____	_____	<input type="checkbox"/> Add Remove
_____	_____	_____	<input type="checkbox"/> Add Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_,

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
NICHOLAS LELONDIS  
Typed or printed name of signee

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