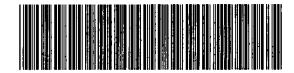
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S. HAWKES

MAY 2 5 2010

EXAMINER

COVER LETTER

TO: Registration 8 Division of Co				
SUBJECT:	EUROTRAD	E SERVICES. LLC		
	Name of Limi	ted Liability Company	Communication & Application Conference Confe	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		EDUARDO MUNOZ Name of Person		
	4			
		Address		
	KEY BISCAYNE, FL 33149			
		City/State and Zip Code		
	E-mail address; ()	to be used for future annual report notation	(non)	
For further information	concerning this matter, please c	rall:		
EDU	JARDO MUNOZ		05-5047	
Name	of Person	Area Code & Daytime Felephone Number		
Enclosed is a check for	the following amount:			
✓ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divis	LING ADDRESS: aration Section ion of Corporations Box 6327	STREET/COURTED Registration Section Division of Corporati Clifton Building	ions	
Talla	hassee, PL 32314	2661 Executive Center Circle		

Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EURO]	ΓRADE SERVICES, L	LC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Limited Lia	bility Company as it now appeared Limited Liability Company)	irs on our records.)	75. 4. 7.
(A ro	ина (линеа Слаонцу Company)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Liabil	lity Company were filed on	02/25/2009	and assigned
Florida document number L0900001894	9		,
Tivina document inditier	 '		67
			B.A.
This amendment is submitted to amend the following	ng:		P
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
	N/A		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Comp	oany," the designation	"LLC" or the abbreviatio
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
	<u> </u>		
Enter new mailing address, if applicable:	process Aproposes a secondaphores - A secondaphores		
(Mailing address MAY BE A POST OFFICE BO.	N)	anne ar ear chiù amendek ha postician vet tie de distille en ear	The state of the s
		<u> </u>	
B. If amending the registered agent and/or a	registered office address on	our records, ente	r the name of the nev
registered agent and/or the new registered office		· 	
N			
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, <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 Title **Type of Action** Name **Address** ANTONIO GOMEZ **MGRM** 151 CRANDON BLVD, APT, 441 KEY BISCAYNE, FL 33149___ Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12010 mature of a member or authorized representative of a member EDUARDO MUNOZ Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00