

Jan/9/2015 10:13:44 AM

Fernand Lamotte 877 807133

Division of Corporations

1/4

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LO9000057417

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EUR-AM GROUP CONSULTANTS LLC
Account Number : I20080C00098
Phone : (954) 636-3886
Fax Number : (877) 800-7133

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VILLA BEACH HOUSE, LLC

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Certified Copy	1
Page Count	04
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

VILLA BEACH HOUSE 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 06/12/2009 and assigned Florida document number L09000057417.

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)

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 605, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

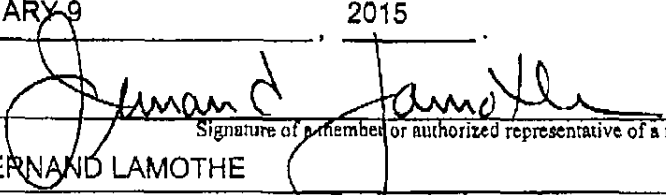
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PRINCE CAMIL	4413 NW. 3rd TERRACE,	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL.	<input checked="" type="checkbox"/> Remove
		33064	
MGR	SOLBEC INC.	4413 NW. 3rd TERRACE,	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL.	<input type="checkbox"/> Remove
		33064	
AMBR	PRINCE CAMIL	4413 NW. 3rd TERRACE,	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL.	<input checked="" type="checkbox"/> Remove
		33064	
AMBR	SOLBEC INC.	4413 NW. 3rd TERRACE,	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL.	<input type="checkbox"/> Remove
		33064	
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			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 9, 2015



Signature of a member or authorized representative of a member
FERNAND LAMOTHE

Typed or printed name of signer

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