412000066383

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |

A. LUNT

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EXAMINER

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SECRETARY OF STATE

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COVER LETTER

| Division of | Corporations | | | | |
|-----------------------|---|--|---|--|--|
| SUBJECT: | - | EUCLAW LLC | | | |
| | Name of Lin | nited Liability Company | | | |
| The enclosed Article | es of Amendment and fee(s) are su | ubmitted for filing. | | | |
| Please return all cor | respondence concerning this matte | er to the following: | | | |
| | E | BRIAN D. SMITH, ESQ. | | | |
| | | Name of Person | ₩. 92 | | |
| | LAW OF | LAW OFFICES BRIAN D. SMITH,ESQ. | | | |
| | Firm/Company | | | | |
| | 42 | 0 LINCOLN ROAD #248 | 2017 ANG 24 SECRETARY I | | |
| | | Address | E. Eler Sia | | |
| | MIAM | II BEACH, FLORIDA 33139 | <u> </u> | | |
| | | City/State and Zip Code | | | |
| | E-mail address: | odslaw@bellsouth.net (to be used for future annual report notification) | | | |
| For further informat | ion concerning this matter, please | call: | | | |
| BRI | AN D. SMITH, ESQ. | at (305) 672-700 | 00 | | |
| Na | une of Person | Area Code & Daytime Telephone | e Number | | |
| Enclosed is a check | for the following amount: | | | | |
| \$25.00 Filing Fe | _ | Certified Copy (additional copy is enclosed) | 50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Re Di P. | AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, FL 32314 | STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | LAW LLC | | | | |
|---|--|--------------------------|--|------------|--|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as it now appea ed Liability Company) | rs on our records.) | | | |
| The Articles of Organization for this Limited Liability Comp | any were filed on | 05/16/2012 | | and assig | gned |
| Florida document number L 12000066383 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited | liability company he | <u>re</u> : | | | |
| The new name must be distinguishable and end with the words "I"L.L.C." | Limited Liability Comp | any," the designation | "LEC" | 7 5 | breviation |
| Enter new principal offices address, if applicable: | | | 200 (° 0 200 (° 0 200 - ≪ | 張 | 77 |
| (Principal office address MUST BE A STREET ADDRESS | 2 | | SE | 24 | The street |
| | | | <u> </u> | -3: | <u>rn</u> |
| Enter new mailing address, if applicable: | | | SAIL SAIL | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | our records, <u>ente</u> | r the n | ame of | the new |
| Name of New Registered Agent: | | | | | ······································ |
| New Registered Office Address: | nter Florida street a | ddress | | | |
| | , Florida | | | | |
| | City | , = .0.100 | Z | ip 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 **Title** <u>Name</u> **Address** Type of Action MGR ALESSANDRO MENCONI 1056 EUCLID AVENUE #1 ☐ Add MIAMI BEACH, FLORIDA 33139 ✓ Remove NATALIA BIANCHI MGR 1056 EUCLID AVENUE #1 ☐ Add Remove MIAMI BEACH, FLORIDA 33139 MGR VALTER MENCONI 1056 EUCLID AVENUE #1 ☐ Add MIAMI BEACH, FLORIDA 33139 Remove C/O JET SET GROUP BEACH, FLA. 33139 860 COLLINS AVENUE #207 MIAMI NATALIA BIANCHI MGRM **V** Add MIAMI BEACH, FLORIDA 33139 Remove C/O JET SET GROUP BEACH, FLA. 33139 860 COLLINS AVENUE #207, MIAMI VALTER MENCONI MGRM ✓ Add MIAMI BEACH, FLORIDA 33139 Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.

Signature of a member or authorized representative of a member NATALIA BIANCHI

2012

AUGUST 15

Dated_

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00