12000152741

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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COVER LETTER

TO: Registration Solution of Con			•
SUBJECT: EUI,	LLC		
	Name of Lir	nited Liability Company	**** _(ab,)
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Vincent D.	Celentano, II	
		Name of Person	
			, No. 26
		Firm/Company	
	385 First A	venue, #9B	MAY 28
		Address	[7] etc.
	New York,		
		City/State and Zip Code	25 NEW
	vincentcelentar	10@gmail.com to be used for future annual report notific	cation)
For further information of	oncerning this matter, please of	•	
	-	054 004 0	
Vincent Co		_{at (} 954 _{.)} <u>234-0</u>	520
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	T \$55.00 Elling Bro &	T \$40 00 Filipp F
5 25.00 ring ree	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

EUI, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000152761</u>	were filed on 12/06/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	<u> </u>	7 7 2
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or t	2 9 -
Enter new principal offices address, if applicable:	385 First Avenue	
(Principal office address MUST BE A STREET ADDRESS)	#9B	28
	New York, NY 10010	
Enter new mailing address, if applicable:	385 First Avenue	TORES TORES
(Mailing address MAY BE A POST OFFICE BOX)	#9B	
	New York, NY 10010	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
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

Page 1 of 3

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

MGR = · Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add
			TALLAHASSEE HEORIUM
			AA 28
			FOREMOSE
			
			Add
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tive date, if other than the date of filing:	(optional)
	e more than 90 days after
ate this document is filed by the Florida Department of State)	e more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be late this document is filed by the Florida Department of State) d May 27 Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00