## L13000 174541

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## **COVER LETTER**

	legistration Se division of Cor					
41111111111111111111111111111111111111		H MODERN DESIGN LLC				
SUBJECT:Name of Limited Liability Company						
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please rett	ırn all correspo	ndence concerning this matter	to the following:			
		FRANK MATA				
			Name of Person			
		Firm <sup>2</sup> Company				
8575 NW 79TH AVE						
			Address			
	MEDLEY, FL 33166					
	City/State and Zip Code frank@eurotechmiami.com					
For furthe	r information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ilication)		
FRANK MATA		305 930-4301 at ()				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed i	is a check for it	ne following amount:				
\$25.0	0 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		Street Address: Registration Section				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EURO TECH MODERN DESIGN LLC		
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our reconmuted Liability Company)	r(k.)
The Articles of Organization for this Limited Liability Con	npany were filed on 12/18/2013	and assigned
Florida document number 1.13000174541		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SEP TA
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
	-	20 T
Enter new mailing address, if applicable:		SEE TO
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	PAA
	, h	Torida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ARIAN PEREZ	4723 NW 72 AVE	□Add
		MIAMI, FL 33166	■Remove
			□Change
			□Add
		<del></del>	□Remove
		<del></del>	☐ Change
			□Add
			□Remove
			[]Change
			□Add
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			Change
			□Add
			□Remove
			Change
	<del></del>		□Add
		<del></del>	□Remove
			□ Change

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)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated JULY 13TH ir alithorized representative of a member Signature of alme FRANK MATA Typed or printed name of signee

Filing Fee: \$25.00