2/6/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000035095 3)))



H170000350953ABC/

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.

Account Number : I20140000049 Phone : (786)837-6787

Fax Number : (305)718-0687

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

smail address: <u>evice epodlow.cov</u>

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## **EURO-EXPERT, LLC**

Certificate of Status	0
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Page Count	05
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D. BRUCE FEB 07 2017

#### **COVER LETTER**

TO: Registration Se Division of Cor				
	PERT, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ERIC P. GROS-DUBOIS,	ESQ.		
	·	Name of Person	<del></del>	
	EPGD ATTORNEYS AT	LAW, P.A.		
•		Firm/Company		
	2701 Ponce de Leon Blvd.	, Ste. 202		
		Address	<del></del>	
	Coral Gables, FL 33134			
		City/State and Zip Code	SEC SEC	
	eric@epgdlaw.com	to be used for future annual report notific	्रे≯ोर्स <del>ना</del>	77
For further information c	oncerning this matter, please of	•	D - L ASS	
Eric P. Gros-Dubois, Est	<b>q</b> .	786 837-6787 at ()		
Name o	f Person	Area Code Daytime	Telephone Number 077 89	Angel Park
Enclosed is a check for the	he following amount:		<u> </u>	
\$25.00 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 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

EURO-EXPERT, LLC					
(Name of the Limited )	jability Comp londa Lumited	any as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liabi	lity Company	y were filed on 02/10/201	4	_and assign	ıed
Florida document number L14000022250	······································				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liai	bility company here:			
N/A					
The new name must be distinguishable and contain the words	"Limited Liab	ility Company," the designation	on "LLC" or the abbrev	intion "L.L.C	. **
Enter new principal offices address, if applicable	e:	N/A	TAL	: 23	<del></del>
(Principal office address MUST BE A STREET A	(DDRESS)	**		`	
		*****	E 11	<u>, co</u>	AND SERVICE
		•	SSE	- J	<u> </u>
Enter new mailing address, if applicable:		N/A	įπ <sub>c</sub>		
(Mailing address MAY BE A POST OFFICE BO	x)		7-	o É	
			둞	<u> </u>	
			5	ိ ်ခ	
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter the</u>	name of	the nev
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:					<del></del>
		Enter Florida stre	et address		
_			, Florida		
		City		Zip Code	
Non-Degletered Agent's Signature if shanging Degi	istared Ament	•			

#### 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>	Name	Address	Type of Action
MGR	Iste, Nicolas	12550 Biscayne Blvd., Stc. 600	
		North Miami, FL 33181	≅ Remove
			Change
MGR	Dornel, Laurent	12250 Biscayne Blvd., Ste. 600	B Add
		North Miami, FL 33181	☐ Remove
			D Change
			DAdd ·
			□ Remove
			☐ Change
			Add
		<del></del>	AAR Change
			SSE Padd
			Bemove O
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			□ Change

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		3
ffective date, if other than the date of filing:  m effective date is listed, the date must be specific and cannot be prior to date o ote: If the date inserted in this block does not meet the applicable stat scument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 60 utory filing requirements, this date will not be list	5.02 ted :
e record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earl	ier
ated February 6 , 2017		
Signature of a member or authorized re	presentative of a member	

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Filing Fee: \$25.00