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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

EUROHARDWARE & BATH II LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE MANUEL PEREZ

Name of Person

EUROHARDWARE & BATH II LLC

Firm/Company

2793 NW 79TH AVENUE

Address

DORAL, FL 33122

City/State and Zip Code

BUSINESSACCTPROF@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE MANUEL PEREZ

Name of Person

305,443-9999

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$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

DORAL, FL 33122		
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
(ATT	orica Emilieu Emonity Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 02/20/2014	and assigned
Florida document number L14000029283		-
		
This amendment is submitted to amend the following	g:	
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	s "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	,	
,		
(Principal office address MUST BE A STREET A)	DDRESS)	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	(Q	
B. If amending the registered agent and/or r	registered office address on our records, en	ter the name of the no
registered agent and/or the new registered office	<u> </u>	2.4Å
Name of New Registered Agent:		
Name of New Registered Agent.		3 - 7
New Registered Office Address:		
	Enter Florida street address	7300 es
	, Florida	
_	City	zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	F
		P-1

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 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 Type of Action Title Name **Address 2793 NW 79 AVENUE AMBR** ALBERTO ANTUCCINE ☐ Add **DORAL, FL 33122** ■ Remove **2793 NW 79 AVENUE** ALBERTO ANTINUCCI **AMBR ■** Add **DORAL, FL 33122** ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ç 2 □ Add ☐ Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	· · · · · · · · · · · · · · · · · · ·
(The eff	tive date, if other than the date of filing: [Coptional] [Coptional] [Coptional] [Coptional] [Coptional] [Coptional] [Coptional] [Coptional] [Coptional]
Dated	JULY 8 2014
	Signature of a member or authorized representative of a member
	JOSE MANUEL PEREZ
	Typed or printed name of signee

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Filing Fee: \$25.00