

From: Amelia Basso  
7/25/2014

Fax: (954) 633-7850

To:

Fax: +1 (850) 617-6383  
Division of Corporations

Page 2 of 7 08/29/2014 10:53

L14000061062

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H14000177065 3)))



H140001770653ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.  
Account Number : I20100000080  
Phone : (954) 366-3850  
Fax Number : (954) 366-3850 954-633-7850

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

Address: \_\_\_\_\_

RECEIVED

14 AUG 29 AM 6:50

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EUROAMERICAN DIESEL T & B LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$30.00 |

SEP - 2 2014

A. LUNT

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EUROAMERICAN DIESEL T&B 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:

**PAOLA CASTANO**

Name of Person

**EUROAMERICAN DIESEL T&B LLC**

Firm/Company

**4350 NW 107 AVE UNIT 101**

Address

**DORAL, FL 33178**

City/State and Zip Code

**TAXRIGHT7@YAHOO.COM**

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

For further information concerning this matter, please call:

**PAOLA CASTANO**

Name of Person

at **(786) 523-6547**

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**

**EUROAMERICAN DIESEL T&B LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/14/2014 and assigned  
Florida document number L14000061062

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

8574 NW 93ST

MEDLEY, FL 33166

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8574 NW 93ST

MEDLEY, FL 33166

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*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**

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

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                              | <u>Type of Action</u>  |
|--------------|-------------------|---|--|
| AMBR         | DE CASTANO, NORMA | 4350 NW 107 AVE UNIT 101<br>DORAL, FL 33178 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| AMBR         | GONZALES, JAIRO   | 4350 NW 107 AVE UNIT 101<br>DORAL, FL 33178 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

FILED  
14 10 29  
PM 12 36

From: Amelia Basso

Fax: (854) 833-7850

To:

Fax: +1 (850) 617-6383

Page 6 of 7 08/28/2014 10:53

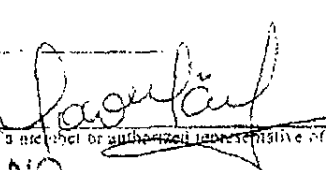
D. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary.)*

See Attachment

E. Effective date, if other than the date of filing: 09/02/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Date: 08/28/2014

  
Signature of a member or authorized representative of a member

PAOLA M CASTANO

Typed or printed name of signer

2014 SEP 29 PM 12:36

FILED

From: Amelia Basso

Fax: (954) 633-7850

To:

Fax: +1 (850) 245-6030

Page 7 of 7 09/05/2014 3:25

#### ATTACHMENT

#### ARTICLE V – MEMBERS:

The names and addresses of the two members shall be as follows:

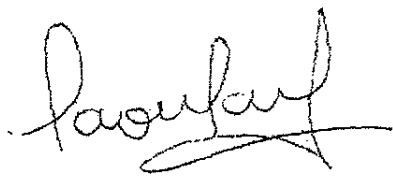
- 1) Diesel Suramericana C.A.  
Calle Paez Local #127  
La Victoria, Aragua, 2121 Venezuela
- 2) Paola Castano  
4350 nw 107 Avenue Unit 101  
Doral, FL 33178

#### ARTICLE VI – PERCENTAGE OF OWNERSHIP:

|                          |     |
|--------------------------|-----|
| DIESEL SURAMERICANA C.A. | 90% |
| PAOLA CASTANO            | 10% |

#### ARTICLE VII – REPRESENTATION:

Jairo Castano Gonzales and Norma de Castano are representing DIESEL SURAMERICANA C.A.



08/28/2014