

From: Amelia Basso
08/19/2016

Fax: (954) 633-7850

Fax: +1 (850) 617-3383
Division of Corporations

Page: 1 of 5 08/19/2016 04:04 PM

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.

((H16000206083 3)))



H160002060833ABC-

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)633-7850

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

Email Address: Taxright7@yahoo.com

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2016 AUG 19 PM 1:13

TALLAHASSEE, FLORIDA

16 AUG 19 AM 11:40
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Ats 2 2016

Y SULKER

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

8574 NW 93 ST

Address

MEDLEY, FL 33166

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

786

523-6547

at ()

Name of Person

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:

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

8574 NW 93 ST

Enter Florida street address

MEDLEY

City

Florida 33166

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>	<u>Address</u>	<u>Type of Action</u>
MBR	DIESEL SURAMERICANA C.A.	CALLE PAEZ ESTE LOCAL 127	<input type="checkbox"/> Add
		LA VICTORIA, ARAGUA 2121 V	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	PAOLA CASTANO	4350 NW 107 AVE UNIT 101	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ELIEZER LAZO	8574 NW 93 ST	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAOLA CASTANO	8574 NW 93 ST	<input type="checkbox"/> Add
		MEDLEY, FL 33166	<input type="checkbox"/> Remove
		(NEW ADD)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

From: Amelia Basso

Fax: (954) 633-7850

To:

Fax: +1 (850) 6176383

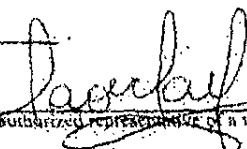
Page 5 of 5 08/19/2016 1:04 PM

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: 08/18/2016 (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 AUGUST 18 2016


Signature of a member or authorized representative of a member

PAOLA CASTANO

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00