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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Euro Antiques 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:

Gatien F. Saloun  
Name of Person  
Euro Antiques LLC  
Firm/Company  
1200 West Avenue, Apt. 412  
Address  
Miami Beach, FL 33139  
City/State and Zip Code  
VIVIAN SALOUN@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIVIAN SALOUN at (305) 975-0601  
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**

Euro Antiques 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 10/02/2014 and assigned Florida document number L14000153183

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)**

1200 West Avenue  
Apt. 412  
MIAMI BEACH, FL 33139

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

**(Mailing address MAY BE A POST OFFICE BOX)**

Same as office address  
1200 West Avenue, Apt. 412  
MIAMI BEACH, FL 33139

**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:**

VIVIAN SALAUN

**New Registered Office Address:**

1200 West Avenue, Apt. 412

Enter Florida street address

MIAMI BEACH, Florida 33139

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.*

Vivian Salaun  
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>                      |
|--------------|---|-------------------------------|--|
| <u>Mr.</u>   | <u>Gatien Sakaun</u><br><u>MANAGER</u>  | <u>3601 N. Military Trail</u> | <input type="checkbox"/> Add               |
|              |   | <u>Boca Raton, FL 33431</u>   | <input checked="" type="checkbox"/> Remove |
|              |   |                               | <input type="checkbox"/> Change            |
| <u>Mr.</u>   | <u>Patrick Sakaun</u><br><u>Authorized Member</u><br><u>- COO</u>                               | <u>1200 West Avenue</u>       | <input checked="" type="checkbox"/> Add    |
|              |   | <u>Apt. 412</u>               | <input type="checkbox"/> Remove            |
|              |   | <u>Miami Beach, FL 33139</u>  | <input type="checkbox"/> Change            |
| <u>Mrs.</u>  | <u>Vivian Sakaun</u><br><u>New Registered Agent</u><br><u>Authorized Member</u><br><u>- CEO</u> | <u>1200 West Avenue</u>       | <input checked="" type="checkbox"/> Add    |
|              |   | <u>Apt. 412</u>               | <input type="checkbox"/> Remove            |
|              |   | <u>Miami Beach, FL 33139</u>  | <input 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            |
|              |   |                               | <input type="checkbox"/> Add               |
|              |   |                               | <input type="checkbox"/> Remove            |
|              |   |                               | <input type="checkbox"/> Change            |

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**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.

Dated 3-19-2019

Gatien F Salaun  
Typed or printed name of signer