L15000083864

(Requestor's Name)	
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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Pertified Copies Certificates of Status Special Instructions to Filing Officer:	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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COVER LETTER

TO:

	Registration Se Division of Cor				
C110 111 /07		ociates LLC			
SUBJECT	l:	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		f Status & py
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Steven Rosenthal			
			Name of Person		us &
		Marx Rosenthal PLLC			
		·	Firm/Company		تد
		One SE Third Avenue, Sui	ite 2900		置い
			Address		
		Miami, FL 33131		• •	(C)
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		Steve@marxrosenthal.com		· ·	
For further	r information co	E-mail address: (oncerning this matter, please of	to be used for future annual report not all:	ification)	atus &
Steven Ro		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	786 378-8121		
	Name o	f Person	at ()	ne Telephone Number	
Enclosed i	s a check for th	e 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	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 33	on orations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eurkea Associates LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number L15000083864	were filed on 05/12/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		#54
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Inter new mailing address, if applicable:	C/O Daniel Richards	<u> </u>
Mailing address MAY BE A POST OFFICE BOX	PO Box 434	₹
	Cabin John, MD 20818	; · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the
New Registered Office Address:	Enter Florida street address	
	, Flori	daZip Code
	Cuy	z.p Conc

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>	Type of Action
MGR	Victor Ricards	7900 SW 57TH AVENUE #23	5
		SOUTH MIAMI, FL 33143	Add
			Remove
			Change
MGR	Daniel Richards	PO Box 434	= Add
		Cabin John, MD 20818	
			Remove
			Change
A NADD	Daniel Richards	PO Box 434	2015
AMBR			
		Cabin John, MD 20818	25
			Remove
			E Change
			90
			Add
			□ Remove
			☐ Change
			
			☐ Remove
			☐ Change
			□ Remove
			Change

Effective date, if other than the date of filing: (Optional)			
Effective date. if other than the date of filing: [In 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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 90th day after the record is filed. Dated September 24 2018 Signature of a member or authorized representative of a member			
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	September 24 2018		
	Signature of a member of authorized	representative of a member	 -
	Daniel Richards	•	

Page 3 of 3

Filing Fee: \$25.00