## L15000145523

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DIVISION OF COGRODIATIONS

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## **COVER LETTER**

Registration Sections
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

EUROK SUBJECT:	OREA & COMPANY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ROSAURA ANTIVERO	S	
	·	Name of Person	
	EUROKOREA & COMP	ANY LLC	
		Firm/Company	
	11040 PEMBROKE RD		
		Address	<del></del>
	MIRAMAR FLORIDA	33025	
		City/State and Zip Code	<del></del>
	rosiantiv@gmail.com		
For further information	concerning this matter, please c	to be used for future annual report noti all:	meation)
ROSAURA ANTIVE	ROS	786 337-3221	
Name	of Person		ne 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)
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURI Registration Section Division of Corpor	on

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O	ľ	9.4
EUROKOREA & COMPANY LL	.c		ISION THE
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	THE PROGRAM
The Articles of Organization for this Limited Li	ability Company	were filed on 08/28/2015	TILL PHISION OF CONFIDENCE AND AND THE CONFERENCE OF CONTRACT ON S
Florida document number L15000145523	<del></del> .		: <b>5</b>
This amendment is submitted to amend the follo	owing:		<i>T</i>
A. If amending name, <u>enter the new name o</u>	the limited liab	ility company here:	
*			
The new name must be distinguishable and contain the w	ords "Limited Liabil		the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		11040 PEMBROKE RD	
		MIRAMAR FLORIDA 33025	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11040 PEMBROKE RD	
		MIRAMAR FLORIDA 33025	
B. If amending the registered agent and registered agent and/or the new registered o			enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	11040 PEMB	ROKE RD	
1.5.1.1.0510.0.0.0.1.1.0.1.1.1.1.1.1.1.1		Enter Florida street address	
	MIRAMAR	, Flori	ida
		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 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>	Address	Type of Action
AMBR	ROSAURA ANTIVEROS	11040 Pembroke RD Miramar Fl 3	
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ffective date, if other than i	nust be specific a block does not	ind cannot be prior to t meet the applicab	date of filing or more le statutory filing re	than 90 days after fili quirements, this da	ng.) Pursuant to 605.02 ite will not be listed
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Page 3 of 3

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