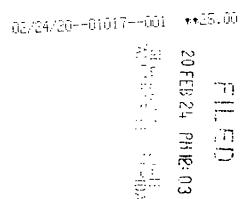
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(Requestor's Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

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Registration Section

TO:

Division of Corp	porations		
	EUROPEAN EN	APORIUM LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	IW	ONA MYSLIWIEC	
		Name of Person	
	EUR	OPEAN EMPORIUM LLC	
		Firm/Company	
	11010	LEGACY DRIVE, APT. 303	
		Address	
	PAI	LM BEACH GARDENS, FL 334	10
		City/State and Zip Code	
		US@YAHOO.com	26
		to be used for future annual report no	incation)
For further information c	oncerning this matter, please co	ıll:	
IWONA	MYSLIWIEC	561 386-1922	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EUROPEAN EN	MPORIUM LLC	
(Name of the Limi	ed Liability Compa (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L	iability Company	were filed on 03/16/201	6 and assigned
lorida document number L16000054333	,		
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited liab	oility company here:	
alm Beach Staffing LLC			
he new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE		N/A	<i>12.</i> №
		N/A	: T
			B 11
nter new mailing address, if applicable:		N/A	g ma g arbqu
Mailing address MAY BE A POST OFFICE	BOX)		
			
			<u> </u>
If amending the registered agent and/or agent and/or the new registered office address	-	address on our records	, enter the name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
-		Enter Florida stre	et address
	N/A		, Florida ^{N/A}
		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.

N/A	
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
N/A	N/A	N/A	□Add
			□Remove
			□Change
N/A	N/A	N/A	□Adđ
			Remove
			□Change
N/A	N/A	N/A	
			□ Remove.
			□Change.
N/A	N/A	N/A	∰Add
			□ Remove
			□Change
N/A	N/A	N/A	□Add
			□Remove
			□Change
N/A	N/A	N/A	□Add
			□ Remove

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iote: If th	e date inserted in this block s effective date on the Depa	does not	meet the appl	icable statutor	y filing require	ments, this	date will	not be lis	sted
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record spe i is filed.	ecifies a delayed effective d	ate, but no	ot an effective	time, at 12:01	a.m. on the ea	rlier of: (b) The 90t	h day afi	ter (
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Filing Fee: \$25.00