

L17000163860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

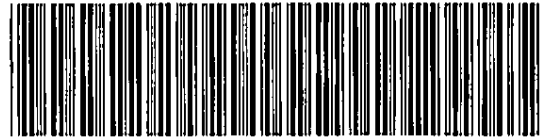
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JUL 22 2019

LLC  
Amend.

AUG 02 2019  
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RECEIVED  
TENN. DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
19 JUL 22 PM 3:20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Euro Luxe International, 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:

Sloan A. Carr, Esq.

\_\_\_\_\_  
Name of Person

Ira Marcus, P.A.

\_\_\_\_\_  
Firm/Company

1313 S. Andrews Avenue

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33316

\_\_\_\_\_  
City/State and Zip Code

sloan@iramarcuspa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification.)

For further information concerning this matter, please call:

Sloan A. Carr, Esq.

954  
at (\_\_\_\_\_) \_\_\_\_\_

523-9696

\_\_\_\_\_  
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 Luxe International, 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 08/01/2017 and assigned  
Florida document number L17000163860.

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:

5607 Hiatus Rd., Ste. 400

**(Principal office address MUST BE A STREET ADDRESS)**

Tamarac, FL 33321

Enter new mailing address, if applicable:

5607 Hiatus Rd., Ste. 400

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

Tamarac, FL 33321

**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:

Syed K. Hasan

New Registered Office Address:

5607 Hiatus Rd., Ste. 400

*Enter Florida street address*

Tamarac

, Florida 33321

*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>       | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|-------------------|-----------------------------|--------------------------------------------|
| MGRM         | Yosef Davidson    | 553 Willow Avenue, Ste. 201 | <input type="checkbox"/> Add               |
|              |                   | Cedarhurst, NY 11516        | <input checked="" type="checkbox"/> Remove |
|              |                   |                             | <input type="checkbox"/> Change            |
| AMBR         | Syed Kumail Hasan | 5607 Hiatus Rd., STE 400    | <input checked="" type="checkbox"/> Add    |
|              |                   | Tamarac, FL 33321           | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |
|              |                   |                             | <input type="checkbox"/> Add               |
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(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative \_\_\_\_\_

Typed or printed name of signee