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COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	EURO FU	TURE DESIGNS LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		LARISA SHELT		
			Name of Person	
		EURO FUTURE DESIGN	S LLC	
			Firm/Company	
		5375 Ortega Farms Blvd, U	Juit 207	
			Address	
		Jacksonville, Fl. 32210		
			City/State and Zip Code	
		edreams1000@gmail.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For further is	iformation co	ncerning this matter, please co	all:	
	Larisa	Shelt	202 420-8097	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	îling 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

TO:

Registration Section

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 FUTURE DESIGNS LLC						
	1.	บหถ	FILLE	1181	DESIGNS	HC

EURO FUTI	TRE DESIGNS LLC		
-	(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company		
The Articles of Organization	on for this Limited Liability Company were filed on _	AUGUST 14, 2017	and assigned
Florida document number	L17000172759		
This amendment is submitt	ed to amend the following:		

A. If amending name, enter the new name of the limited liabi	mty company nere:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	·
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	

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:	MOORE, PAUL	SEG	17	
New Registered Office Address:	(Address stays the same))RET	SEP	٠.
	Enter Florida street address	JSSE Alyb	25	\$11.00.00 \$10.00.00
	, Florida	m _O		
	City		ođe	1 1 7
istered Agent's Signature, if changing Registered Agent:		S FA LOR	7: 1:	

New Reg

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agos 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 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>	Name	Address (stays the same)	Type of Action
MGR	SHELT, LARISA Y		□ Add
		5375 Ortega Farms Blvd, Unit 207 ▼ Sacksonv: e FL 32210	Remove
			Change
AMBR	SHELT, LARISA Y	-	
		5375 Ortega Farms Blvd, Unit 207 Tacksonville FL 32210	Remove
MGR	MOORE, PAUL	5375 Ortega Farms Blvd, Unit 207	☐ Change
		Jackson ville FL 32210	Remove
,			Change
AMBR	MOORE, PAUL	5375 Ortega Farms Blvd, Unit 207 Tacksonville FL 32210	Add
			Remove
			Change
			🗅 Remove
			Change
			□ Remove
			Change

Please change MGR and AMBR from SHELT, LARISA to	MOORE, PAUL
the address and everything else stays the same	
	A.S.
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	ASS
	EE 🖊
	F S 1
	SIATE LORIDA
	**
tive date, if other than the date of filing: five date is listed, the date must be specific and cannot be prior to e If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to e statutory filing requirements, this date will not be
ecord specifies a delayed effective date, but not a e 90th day after the record is filed.	an effective time, at 12:01 a.m. on the ea
September 21 2017	,
	x⊃•⊾
Kilera All	

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Filing Fee: \$25.00