## 118000236626

(Re	questor's Name)				
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## **COVER LETTER**

TO:		tion Secti of Corpo				PLOSE TANGES	
erto ira	Euro	European Villa's LLC  T:  Name of Limited Liability Company					
SUBJEC	(,1; <u></u>						
The encl	losed Arti	cles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all c	orrespond	ence concerning this matter	to the following:			
			V 6. C T I.A.	Name of Person			
			Young & Sons Tax and Ac	•			
			1710 N 19th St.	Firm/Company			
			Tampa, FL. 33605	Address	J.,		
			City/State and Zip Code admin@youngandson.org				
For furth	ner inform	ation con	E-mail address: (t cerning this matter, please co	o be used for future annual repoi	1 notification)		
Charles	Young Jr.			813 906-97	32		
		Name of P	erson	at () Area Code D	aytime Telephone Number		
Enclosed	l is a chec	k for the	following amount:				
<b>S</b> \$25.	00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	Certified (	of Status &	
			G ADDRESS: on Section	STREET/CC Registration S	OURIER ADDRESS:		

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



European Villa's LLC

company has been notified in writing of this change.

(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 10/05/18	and assigned	
Florida document number L18000236626			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	8311 N Rome Ave.		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL. 33604		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
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:	ffice address on our records, <u>enter</u> e:	the name of the new	
Same of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Florida street address	<del></del>	
	, Florida	Zip Code	
Name Danishand Assault	•	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am j	familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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	Gregory Gary	2906 W SWANN AVE TAMPA, FL 33609	<b>∃</b> Add
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			Add
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L' L'ffaat	ino doso if asboost					
(If an ef <u>Note:</u>	ive date, if other the fective date is listed, the of the date inserted in ment's effective date or	late must be specific an this block does not a	d cannot be prior to meet the applicab	date of filing or more to le statutory filing re-	(optional) han 90 days after filing.) Pr quirements, this date wii	irsuant to 605,0207 (3)(b I not be listed as the
If the red (b) The	cord specifies a de 90th day after th	elayed effective of the record is filed.	date, but not	an effective time	e, at 12:01 a.m. on	the earlier of:
Dated	December 6		2018			
		9/	$\overline{\mathcal{I}}$	· ·		
		Signature of a	member or authori	zed representative of a	member	
		<u>.</u>				
	Gregory Gary			<del>-</del>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00