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(Requestor's Name)
(Address)
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COVER LETTER

SUBJECT: EUR	Rocustoms PR	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Radal A	yon te	
		Name of Person	
	Eurocustons	PR LCC Firm/Company	
		Firm/Company	
	4095 Hais	cot Circle	
	Cockledge	City/State and Zip Code Code	55
	0	City/State and Zip Code	
	Famail address: (1	constanspr. com	t notification)
For further information or	oncerning this matter, please ca		, notification)
\sim	Λ Ι		
Ratael.	Sport	at (787) 40' Area Code D	1-7495
Name of	Person	Area Code D	aytime Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section Division of Corporations

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

EUROCUSHINSPR (
(<u>Name of the Limited Liab</u>) (A Flori	ility Company as it now appears of da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>bece</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>ORESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 AUG 16 AH 10: TALLENHASSELF
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ur records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	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

or removed from our records:

MGR = Manager

	· · · · · · · · · · · · · · · · · · ·	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rafuel Aparte Garax	Lockheige FL 32955 Remove Add Change Add Remove Remo	
		Ruckhedge FL 32955	Remove
			Change
	<u> </u>		Add
			Remove
			Change
		<u> </u>	🗆 Remove
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			Change Add Remove
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			Remove
			Change

Remove	AMBR	Rafaul	Sponte	Garcia		
Assign	Rafael	Emanuel	Aponte	Rivera	Sole member	
of the			ŭ			
-	<u>. </u>		<u> </u>			
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	the date must be speci ed in this block does	fic and cannot be prior a not meet the applica		r more than 90 da	_(optional) ays after filing.) Pursuant to 605.0 attraction in the district of the control of	
ne record specifies The 90th day afte			t an effectiv	e time, at 1	2:01 a.m. on the earlie	r o
Dated August	- 12	2019	·			
Raffin	G. (port) Signatur	E of a member or author	orized representa	tive of a member		
		Typed or printe				

Page 3 of 3

Filing Fee: \$25.00