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COVER LETTER

TO:

	Registration Se Division of Cor					
SIID IEC	T.	URMET LLC				
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		ZAYDELMAN, ION				
			Name of Person			
ATTN: HOPE ROTH C/O BENCHMARK FINANCIAL						
			Firm/Company			
		2401 NW BOCA RATON	BLVD			
			Address			
		BOCA RATON, FL 3343	I			
		·	City/State and Zip Code			
		vv@euroorganicsllc.com		<u></u>		
		E-mail address: (to be used for future annual report notif	ication)		
For furthe	er information c	oncerning this matter, please ca	all:			
ZAYDEI	MAN, ION		917 881-6699 at ()			
	Name o	f Person		Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	0 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)		
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n		

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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New Registered Agent's Signature, if changing Registered Agent:

PUDA COUDART LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			Add
			Remove
			Change
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
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			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change

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	· ·
Effective	e date, if other than the date of filing:
f an effect Note: If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	I's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ine 9	Oth day after the record is filed.
rs . 1	July 24 2019 1/2
Dated	July 24 . 2019
	M.
	Signature of a member or authorized representative of a member
	ZAYDELMAN, ION
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00