Florida Department of State Division of Corporations Electronic Bilingue over Sheet

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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL I

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EUROPILOTES LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EUROPILOTES LLC		
(Name of the Limited Liabil	ity Company as it now appears on our records.) la Limited Liability Company)	s 2
The Articles of Organization for this Limited Liability (Florida document number		2020 and assigned 1
This amendment is submitted to amend the following:		- 114
A. If amending name, enter the new name of the lin	·	MH 1: 32
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	the aboveviation E.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the</u> :	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City Flori	da

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Raffacle Fruggiero	2330 Ponce de Leon Bivd	
		Coral Gables, FL 33134	□Remove
			Change
			□Add
			□Remove
			20 C C C C C C C C C C C C C C C C C C C
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Effective date, if other than the date of filing: [Optional] 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 605.024 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date of filing or more than 90 days after filing.) Pursuant to 605.024 and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at locument's effective date on the Department of State's records. The effective date is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. March 2 2020										-
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Filing Fee: \$25.00