L21000508504





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COVER LETTER

TO: Registration Se Division of Cor		*	
CUBICOS	NATIONAL CO WORLDWIE	DE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EKREM UZMAN		
		Name of Person	-
		Firm/Company	
	1900 GLADES RD, STE 5		<u>_</u>
	BOCA RATON, FL 33431	Address	
	ekrem@eu-intl.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information of	oncerning this matter, please co	all:	
EKREM UZMAN		305 363-6666 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	<u>Street Address:</u> Registration Sc	
Division of C P.O. Box 632		Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EU INTERNATIONAL CO WORLDWIDE LLC (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 11/30/2021 and assigned Florida document number L21000508504 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EU INDUSTRIAL, LLC The new name must be distinguishable and contain the words "Limited Liability 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: (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 per registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:		
MGR = Manager		

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change

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	1/5/2024
ffective date, if other than the d an effective date is listed, the date must b	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this bloc	ck does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Dep	partment of State's records.
	des bereits of the control of the co
fecord specifies a delayed effective of is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JANUARY, 5 Dated	2024
valeu	·-·-·······························
S	Signature of a member of authorized representative of a member

Filing Fee: \$25.00