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## **COVER LETTER**

Tallahassee, FL 32314

O: Registration Se					
JRJECT: FURO	USA Renovati Name of Limi	ions LLC			
	Name of Limi	ted Liability Company	<del></del>		
ne enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
ease return all correspo	ndence concerning this matter t	o the following:			
	Nicolas N	Media Name of Person	·		
	EURO USA P	ENOUGHIONS U	C	22 S	S
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	MicamI, FL	33142		01:1 H	
		·	(	Ö	<i>*</i>
	E-mail address: (t	Jations@gmail. o be used for future annual report notif	ication)		
or further information c	oncerning this matter, please ca	11:			
Nicolas M		at ( <u>786</u> ) 444	9885	-	
Name o	f Person	Area Code Daytime	Telephone Number		
nclosed is a check for th	ne following amount:				
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	atus &	
Mailing Addres		Street Address:			
Registration S		Registration Sec Division of Corp			
Division of C P.O. Box 632	•	The Centre of T.			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Euro USA Deno	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
ne Articles of Organization for this Limited Liability Corida document number $\frac{50039148841}{L2200032503}$ nis amendment is submi	
. If amending name, <u>e</u> i	I liability company here:
ne new name must be distingt	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offic	3623 NW 23th Ct
Principal office address MUST BE A STREET ADDI	3623 NW 23th Ct MiamI, FL 33142
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> . If amending the registered agent and/or registere <u>gent and/or the new registered office address here</u> :	3623 NW 23th ct MiamI, FL 33142  ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	Vicolas Medina 5623 NW 23th Ct
New Registered Office Address:	Enter Florida street address
	Miant Florida 331420 = Zip Code & Extra City
ew Registered Agent's Signature, if changing Registere	ed Agent:
rovisions of all statutes relative to the proper and c except the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and signer as provided for in Chapter 605, F.S. Or, if this document is red office address. I hereby confirm that the limited liability

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

|GR = | Manager | MBR = Authorized Member

<u>ıtle</u>	<u>Name</u>	Address	Type of Action
<u>1GR</u>	Elicneth Manfilla	3544 SW 17th St	
		Miami, FL 33145	Remove
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effective date, if other than the date of filing: Old 2022 effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement ament's effective date on the Department of State's records.	_ (optional) ays after filing.) Pursua ints. this date will no	int to 605. of be liste	020 d as
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie filed.	er of: (b) The 90th	day after	the
ed 09/01/2022			
Signature of a member or authorized representative of a member	; <del></del>		
— Signature of a member or authorized representative of a member  Nicolas Medina  Typed or printed name of signee			