L23000284863

(Requestor's Name)
(Nequestor 3 Harrie)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: EU		JOLOGIES ited Liability Company	
	Amendment and fee(s) are sub	_	
ricase return an correspon	dence concerning and matter	to the following.	
	DMITRIY	LYSENKO	<u> </u>
		Name of Person	
	EURO TEC	HNOLOGIES,	LLC
	17822 NE	5TH AVE. MIAM	1, FL 33162
			· N
		City/State and Zip Code	
	INFO & EURO - E-mail address: (TECHNOLOGIES. CO	fication)
For further information co	oncerning this matter, please co	all:	· ;
DMITRIY LY		at (754) 364 Area Code Daytim	- 4200 E Telephone Number
Enclosed is a check for th	e following amount:		
\$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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> Euro Ipch Noto (</u>	2165 LL	<u> </u>	
(Name of the Limited Liability Compa (A Florida Limited I	nt as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000284863</u> .	were filed on	e 13,2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		· - ·	
		<u>:</u>	<u> </u>
Enter new mailing address, if applicable:			·- -
(Mailing address MAY BE A POST OFFICE BOX)			<u></u> , , , , , , , , , , , , , , , , , ,
			,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the name o</u>	t the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida str	eet address	
		, Florida	
·	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am fam er 605, F.S. Or, if i	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

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
ACCT	YELENA LYSENKO	200 LESLIE DR.	XAdd
		APT 525	□Remove
		HALLANDALE, FL 3300	Change
			□Add
			□Remove
		 	Change
	 	<u> </u>	Add
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ote:	ive date, if other ective date is listed, If the date inserte ent's effective dat	d in this block	does not n	neet the ap	plicable st	of filing or me atutory filing	ore than 90 day	(optional) s after filing s, this date	.) Pursuant to 605.02
record I is file	d specifies a delay led.	red effective da	ite, but not	an effectiv	ve time, at	12:01 a.m. o	on the earlier	of: (b) Th	ie 90th day after tl
ated_	JULY	(8		, <u>207</u>	23				
		Z							
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		518	mature of a	incinioci oi (uunonzeu i	cpresentative	or a member		