

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : 120020000100  
Phone : (305)944-9755  
Fax Number : (888)401-1914

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DIVISION OF CORPORATIONS

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EUROLOGISTIC GROUP LLC

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JUN 27 2024

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

((1124000221387 3))

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EUROLOGISTIC GROUP LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following

SUSANA ELENA CASANOVA DE CASAS

Name of Person

EUROLOGISTIC GROUP LLC

Firm/Company

901 BRICKELL KEY BLVD SUITE 204

Address

MIAMI, FL 33131

City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

E-mail address (to be used for future annual report notification)

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CLERK OF STATE  
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TALLAHASSEE, FL 32303

For further information concerning this matter, please call

\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EUROLOGISTIC GROUP 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 05/28/2024 and assigned  
Florida document number 124000242225.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

901 BRICKELL KEY BLVD APT 204

MIAMI FL 33131

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

901 BRICKELL KEY BLVD APT 204

MIAMI FL 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **Florida**

*City*

*Zip Code*

**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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	CASANOVA DE CASAS, SUSANA ELENA	901 BRICKELL KEY BLVD APT 204	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**Filing Fee: \$25.00**