L24000258187



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COVER LETTER

	Registration So Division of Cor			•
SUBJEC	T: Eurocare L	LC		
			ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Sławomir R Gancarz		
			Name of Person	
		Eurocare LLC	Firm/Company	
		2130 Arbour Walk Circle	2711	
			Address	
		Naples Florida 34109		
		steve.eurocare@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please c	all:	
Slawomi	r R Gancarz		at (201) 4862524 Area Code Daytim	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		<u>Street Address:</u>	
	Registration S Division of C		Registration Sec	
	NICESTAL OF C	orporations	Division of Cor	porations

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eurocare LLC			
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our record Liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on 06/06/2024		and assigned
Florida document number L24000258187			
Γhis amendment is submitted to amend the following:			
_	ilin aamaan hara		
A. If amending name, <u>enter the new name of the limited liah</u>	unity company nere:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	20
Principal office address MUST BE A STREET ADDRESS)		21-	2024 (
	-	£	<u> </u>
		12: 1 12: 1	
		SS C	<u>-</u> P
Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)			· · ·
		, Ed	9
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addres.	N.	
		orida	
	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

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
AMBR	Slawomir R Gancarz	2130 Arbour Walk Circle 2711 Naples Florida 34109	∃ Add
			□Remove
			_ □Change
			_ □Add
			□Remove
			_ DChange
			_ □Add
			□Remove
			□Change
			_ □Adđ
			_ □Remove
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			□Change
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			□Remove

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(If an effe <u>Note:</u>	to edate, if other than the date of filing: (optional) (ctive 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 605.0207 (2) (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
ne record ord is file	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 ed.
Dated_	9/27/24
	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a memoer
	Slawomir R Gancarz SLAW HiR R GAN CHRZ Typed or printed name of signee
	Tund or printed name of citypes

Filing Fee: \$25.00