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(F	Requestor's Name)	
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	_/	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
ζ•	Submeds Emily Mamey	
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SECRETARY OF STATE

COVER LETTER

TO: 'Registration's Division of Co			
SUBJECT:	Euro-Med Tra	ading Company, L.C.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		William VanDercreek	
		Name of Person	
		Firm/Company	
Pos		Post Office Box 1328	
		Address	
		allahassee, FL 32302	
		City/State and Zip Code	
	wvcreek_tlh@msn.com E-mail address: (to be used for future annual report notification)		
For further information	concerning this matter, please of	•	
La	nce Langston	at (850) 55	28-7332
Name	of Person	at (850) 528-7332 Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:		
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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Euro-Med (Name of the Limited Liabi (A Florid	Trading Company, L lity Company as it now appears la Limited Liability Company)	.C. SECRETA son our records. AHAS	RY OF STATE SEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document number			_and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the li	mited liability company here	;	
The new name must be distinguishable and end with the v"L.L.C."	vords "Limited Liability Compan	y," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	n D E C C \	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on ou ldress here:	ır records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
	Cuy	Z	лр Соав

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	William VanDercreek	3810 Longford Drive Tallahassee, FL 32309	Add Remove
MGRM	Catherine VanDercreek	3810 Longford Drive Tallahassee, FL 32309	Add Remove
MGR	William VanDercreek	3810 Longford Drive Tallahassee, FL 32309	✓ Add Remove
MGR	Catherine VanDercreek	3810 Longford Drive Tallahassee, FL 32309	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if neces	sary.)
			HASSEE FLO
Dated	September 23 , _ 2	2011	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Signature of a memb	per or authorized representative of a member	
		/illiam VanDercreek	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00