(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

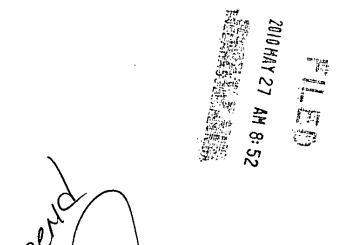
Office Use Only

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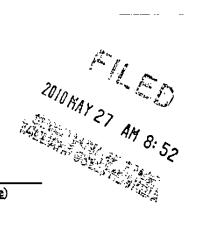
# **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION:	Euroimage, Inc.	
DOCUMENT NUM	1BER:	V51707	
The enclosed Article	es of Amendment and fee ar	re submitted for filing.	
Please return all con	respondence concerning this	s matter to the following:	
-		enn Barrist, C.P.A.	· page of the state of the stat
	N	ame of Contact Person	
_	Ba	rrist & Barrist, P.A.	
_		Firm/ Company	
	5500 S. F	Flamingo Road Suite 203	
•		Address	
	Cod	oper City, FL 33330	
_	C	ity/ State and Zip Code	et villagen and graph and fillings and debt and debt.
<del></del>	bbgbc E-mail address: (to be use	cpas@msn.com d for future annual report notification)	<del></del>
For further informa	tion concerning this matter,	please call:	
Gler	nn Barrist, C.P.A.	at ( 954 ) 252  Area Code & Daytime Telep	2-1234
Name	of Contact Person	Area Code & Daytime Telep	hone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Departm	nent of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of



Euroimage, Inc.		
(Name of Corporation as curren	a Dept. of State)	
V	51707	
(Document Numb	er of Corporation (if kno	wn)
tursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	Florida Statutes, this Fl	lorida Profit Corporation adopts the follow
If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professions	designation "Corp," "Inc	;," or "Co". A professional corporation
3. Enter new principal office address, if appli		
Principal office address <u>MUST BE A STREE1</u>	ADDRESS)	
	<del>4</del>	
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E ROX)	
(Manning man bio Maria Maria Viva Maria		
	<del></del>	
<ol> <li>If amending the registered agent and/or re new registered agent and/or the new registered.</li> </ol>	egistered office address i	in Florida, enter the name of the
uem lesistaten abeut anmot the new lesis	iejeu omice audiess.	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
		, Florida
•	(City)	(Zip Code)
	D d. d A mamAr	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	g Registered Agent: gent. I am familiar with	and accept the obligations of the position.
,	<b>9</b>	
	ignature of New Register	ad Acoust if alconomic

# If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
D	Ana Popescu	314 Arizona Street Hollywood, FL 33019	
D	Nicolae Popescu	132 S.E. 3rd Avenue Dania, FL 33004	☑ Add ☐ Remove
<del></del>			Add Remove
(attach addi	g or adding additional Articles, enter of tional sheets, if necessary). (Be specificational sheets, if necessary).	(c)	
provision	ndment provides for an exchange, recless for implementing the amendment if papplicable, indicate N/A)	assification, or cancellation of issect contained in the amendment	sued shares, ltself:
Enrico Pope	escu and Ileana Popescu, each ow	ning 50% of the stock of Eur	roimage, Inc.
hereby agre	e to the following exchange of sha	ares to effect the following ov	vnership
percentages	s: Enrico Popescu = 30%, lleana P	opescu = 30%, Nicolae Pop	escu = 30%,
and Ana Po	pescu = 10%.		
	<del></del>	· · · · · · · · · · · · · · · · · · ·	-/- <del></del>

The date of each amendmen	nt(s) adoption: May 24, 2010
Effective date <u>if applicable</u> :	(date of adoption is required) May 24, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/w action was not required.	vere adopted by the incorporators without shareholder action and shareholder
Dated_Ma	y 24, 2010
Signature_	Modera
Œ	By a director, president on other officer - if directors or officers have not been
s <b>c</b> ag	elected, by an incorporator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	lleana Popescu
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	Euroimage, Inc.		
DOCUMENT NU	NT NUMBER:			
The enclosed Artic	les of Amendment and fee ar	e submitted for filing.		
Please return all co	rrespondence concerning this	matter to the following:		
		enn Barrist, C.P.A.		
	Na	ame of Contact Person		
	Bai	rist & Barrist, P.A.		
		Firm/ Company		
	5500 S. F	lamingo Road Suite 203		
		Address		
	Coc	oper City, FL 33330		
	Ci	ty/ State and Zip Code		
	bbgbc E-mail address: (to be used	pas@msn.com i for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
Gle	nn Barrist, C.P.A.	at ( 954 ) 252-1234		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount n	ade payable to the Florida Department of State:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is en	iclosed)	
<u>Mailing A</u> Amendme		Street Address Amendment Section		
	f Corporations	Division of Corporations		
P.O. Box 6	-	Clifton Building		
	e, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		