

L10000049430

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

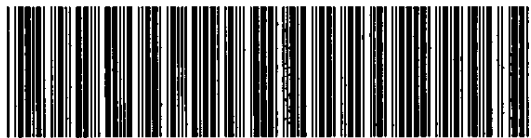
(Business Entity Name)

(Document Number)

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2016 APR 27 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 29



Caribbean & Latin American Group DBA CALAS Group  
2000 Ponce de Leon Blvd 6<sup>th</sup> Floor  
Coral Gables, FL 33134  
Daytime Number: (305) 495-5222

April 20<sup>th</sup>, 2016

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

To whom it may concern:

Included is a check with the \$25.00 filing fee as well as the amendment for the Articles of Organization of a Florida Limited Liability Company.

Sincerely,

Daniel Prado  
Assistant Operations Manager  
CALAS Group

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** United European Retailers, 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:

Brian George  
\_\_\_\_\_  
Name of Person

CALAS Group  
\_\_\_\_\_  
Firm/Company

2000 Ponce de Leon Blvd 6th Floor  
\_\_\_\_\_  
Address

Coral Gables, FL 33134  
\_\_\_\_\_  
City/State and Zip Code

bgeorge@calas.us  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian George  
\_\_\_\_\_  
Name of Person

305 2990812  
at ( ) \_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

United European Retailers, 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 05/07/2010 and assigned Florida document number L10000049430.

This amendment is submitted to amend the following:

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

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)**

C/O CALAS Group  
2000 Ponce de Leon Blvd. 6th Floor  
Coral Gables, FL 33134

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

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

C/O CALAS Group  
2000 Ponce de Leon Blvd. 6th Floor  
Coral Gables, FL 33134

**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: CALAS Group

New Registered Office Address: 2000 Ponce de Leon Blvd. 6th Floor

*Enter Florida street address*

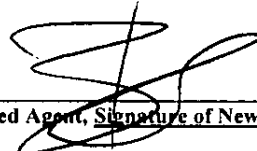
Coral Gables, Florida 33134

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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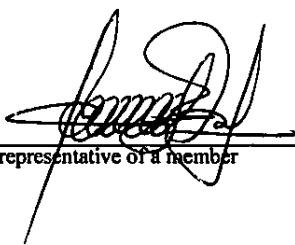
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 28th, 2016.



Signature of a member or authorized representative of a member

MANUEL LOSA

Typed or printed name of signee