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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		•	•
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Office Use Only



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J. BRYAN

JUN 1 8 2010

EXAMINER

COVER LETTER

	stration Section sion of Corporations	• • • • • • • • • • • • • • • • • • •	į	
•			٦	
SUBJECT: _		Eagle Insurance, LLC		
	Name of	Limited Liability Company		
•				
The enclosed	Articles of Amendment and fee(s) a	re submitted for filing.		
Please return a	all correspondence concerning this n	matter to the following:	;	
: · · · · · · · · · · · · · · · · · · ·	•.			
		Jeffrey Bachlott	· · Ł	
		Name of Person		•
	(Golden Eagle Insurance, LLC		
	 	Firm/Company		,
				A 8 6
• •		1247 Scottsland Dr.		AR SE
•	*	Address		舞 = =
-			!	SSE T
		Lakeland, FL 33813		me P
		City/State and Zip Code	:	72 50 1
	gc	oldeneagle@tampabay.rr.com ress: (to be used for future annual report notific	-	SET 5
•	E-mail add	ress: (to be used for future annual report notific	cation)	Om .
For further inf	ormation concerning this matter, pla	ease call:		
	Jeffrey Bachlott	at (863)	937-9121	
	Name of Person	Area Code & Daytime	Telephone Numbe	r
•	•		•	
		***	1	
- Enclosed is a	check for the following amount:			
\$25.00 Fili	ing Fee \$\sqrt{\sq}}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \end{\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}			ate of Status &
				nal copy is enclosed)
	·			
	MAILING ADDRESS	etheet/count	D ANDDESS	
•	MAILING ADDRESS: Registration Section	STREET/COURII Registration Section		
the system of the second	Division of Corporations	Division of Corpora		
·	P.O. Box 6327	Clifton Building	stan Cināl-	
	Tallahassee, FL 32314	2661 Executive Cer Tallahassee, FL 323		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Eag	le Insurance, L	LC .	ords.)			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	nited Liability Company	<i>'</i>)	,			
The Articles of Organization for this Limited Liability Company were filed on _		04/20/2	2009	and assigned		
Florida document numberL0900037645		. !				
		. :				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	d liability company h	iere:			-	
The new name must be distinguishable and end with the words	"Limited Liability Con	npany," the desig	gnation "LLC	C" or the a	bbreviatio	
"L.L.C."						
Enter new principal offices address, if applicable:			<u>\$</u>	ا میند : ۲۵۰		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		<u></u>	E 0		
•		.		<u> </u>	11	
			· SE	RY		
Enter new mailing address, if applicable:		•	्	유 포		
(Mailing address MAY BE A POST OFFICE BOX)				ST 2:5		
· .	-		<u> </u>	F 23		
B. If amending the registered agent and/or registered	nd office address or	Name manamate	antar the	noma o	√ f the nev	
registered agent and/or the new registered office addres		t out records	, enter the	name o	i the ne	
Name of New Registered Agent:		- 1		<u> </u>	· .	
New Registered Office Address:	<u></u> -	•		•		
	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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> **Address** <u>Name</u> **MGRM Lucy Bachlott** 1247 Scottsland Dr. . ✓ Add Lakeland, FL 33813 Remove Add Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. June 11 2010 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Jeffrey M. Bachlott
Typed or printed name of signee