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(Re	questor's Name)	
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

N COOPER APR 2 0 2018

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Eagle	Property Deve	Lopment II, LLC ited Liability Company	<u>-</u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	5017 N. Cool Tampa, FL 3	Firm/Company  idge Are Address  3644  City/State and Zip Code	iic
For forther information on	•	dwick cloor. Com	tification)
rot further information co	ncerning this matter, please ca	ui:	
Julie Carn Name of	Person	at (813 ) 870 · 1	ne Telephone Number
Enclosed is a check for the	e 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

Cagle Property (Name of the Limited	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab Florida document number		3.18.2004	and assigne	d
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicab  (Principal office address MUST BE A STREET)	le:	designation "LLC" or the ab	obreviation "L.L.C."	
			<del></del>	_ <u>₹</u>
Enter new mailing address, if applicable:			APR I	CRETA
(Mailing address MAY BE A POST OFFICE BO	<u></u>		9	12.50 12.50
			_	- <del></del>
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter</u>	N.I	RAN NE INCOME
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	Enter Flo	rida street address		SECRETARY OF STATES  TALLAHASSEE. FLORIDA  18 APR 19 AM 9: 25
		, 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 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:

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Burton, Steven G.	4110 Highland Park Circle Lutz, Fc. 33558	
		Lutz, Fc 33558	Remove
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			Add
			Remove
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ffective date, if other an effective date is listed, ote: If the date inserte ocument's effective date	the date must be spe d in this block do	cific and cannot be es not meet the	be prior to date applicable sta	of filing or more t	than 90 days after quirements, this	filing.) Pursuant t	o 605.0207 e listed as
e record specifies a The 90th day afte	a delayed effeor the record is	ctive date, b filed.	ut not an e	effective time	e, at 12:01 a	.m. on the e	arlier o
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Filing Fee: \$25.00