## 104000046196

| (Requestor's Name)                      |
|---|
| (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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|   |
|   |





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10/13/23--01018--001 \*\*30.00

A. PARISHANI

OCT 2 2 2023

## **COVER LETTER**

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P.O. Box 6327

Tallahassee, FL 32314

| Division of Cor               |  | •   |  |
|-------------------------------|--|---|--|
| 13 F 1 F 3 F 1 1 3 C 1 7 1 1  | <del>-</del>   |   |  |
| SUBJECT:                      | Name of Lin  | ited Liability Company                    | 2023                                   |
|                               |  |   |  |
| The enclosed Articles of      | Amendment and fee(s) are sub   | omitted for filing.                       | · ·                                    |
| Please return all correspo    | ondence concerning this matter   | to the following:                         |  |
|                               | Ana Barrett  |   |  |
|                               |  | Name of Person                            |  |
|                               | Eagle Marketing Internation  | onal LLC                                  |  |
|                               | Section   Sect |   |  |
|                               | 7040-25 Seminole PW #13  | 33  |  |
|                               |  | Address                                   |  |
|                               | Loxhatchee, FL 33470   |   |  |
|                               |  | City/State and Zip Code                   |  |
|                               | <del>-</del>   | to be used for future annual report not   | ification)                             |
| For further information c     |  | ·   |  |
| Ana Barrett                   |  |   |  |
| Name of Person                |  |   | ne Telephone Number                    |
| Enclosed is a check for the   | he following amount:   |   |  |
| □ \$25.00 Filing Fee          |  | Certified Copy                            | Certificate of Status & Certified Copy |
| Mailing Addres Registration S |  | <u>Street Address:</u><br>Registration Se | ection                                 |
| Division of C                 |  | Division of Co                            |  |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 13 AM 8: 18

| Eagle Marketing International LLC   | •   |   | - 6                           |
|---|---|---|-------------------------------|
| (Name of the Limi   | ted Liability Company as i<br>(A Florida Limited Liabilit | it now appears on our records.<br>ty Company) | <del>)</del>                  |
| The Articles of Organization for this Limited L<br>Florida document number L04000046196 | iability Company were                                     | filed on 06/18/2004                           | and assigned                  |
| This amendment is submitted to amend the following                                      | lowing:   |   |                               |
| A. If amending name, enter the new name of  | of the limited liability c                                | company here:                                 |                               |
| The new name must be distinguishable and contain the                                    | words "Limited Liability Co                               | ompony," the designation "LLC"                | or the abbreviation "L.L.C."  |
| Enter new principal offices address, if appli   | cable:  |   |                               |
| (Principal office address MUST BE A STREI   | ET ADDRESS)   |   |                               |
|   | -   |   |                               |
|   |   |   |                               |
| Enter new mailing address, if applicable:   | ·   |   |                               |
| (Mailing address MAY BE A POST OFFICE   | <u>BOX)</u>   | <u></u>                                       |                               |
|   | <del></del>   |   |                               |
| B. If amending the registered agent and/or agent and/or the new registered office addre |   | ess on our records, <u>enter t</u>            | he name of the new registered |
| Name of New Registered Agent:   | Ana Barrett   |   |                               |
| New Registered Office Address:  | 7040-25 Seminole PV                                       | W #133  |                               |
|   |   | Enter Florida street address                  |                               |
|   | Loxahatchee   | Flor  | rida <u>33470</u>             |
|   | (   | 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>Tițle</u> | <u>Name</u>    | Address                  | Type of Action                                 |
|--------------|----------------|--------------------------|--|
| MGR          | Thomas Barrett | 7040-25 Seminole PW #133 |  |
|              |                | Loxahatchee, FL 33470    | ■Remove  |
|              |                |                          | □Change  |
|              |                |                          | □Add   |
|              |                |                          |  |
|              |                |                          | ————————————————————————————————————           |
|              |                |                          | Add<br>⇔<br>—————————————————————————————————— |
|              |                |                          | Remove   |
|              |                |                          | Change   |
|              |                |                          | □Add   |
|              |                |                          | □Remove  |
|              |                |                          |  |
|              |                |                          | □Add   |
|              |                |                          | Remove   |
|              |                |                          |  |
|              |                |                          | □Add   |
|              |                |                          | □Remove  |
|              |                |                          | ∏Change.                                       |

|  | ange is due to the death of T  | iomas Barrett, i                   | he was Manage                       | er and Registered    | Agent                |                         |
|--|--|------------------------------------|-------------------------------------|----------------------|----------------------|-------------------------|
|  |  |                                    |                                     |                      |                      |                         |
|  |  |                                    |                                     |                      |                      |                         |
| -                                      |  |                                    |                                     |                      |                      | 2023 CCT                |
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| <del></del>                            |  |                                    |                                     |                      |                      |                         |
| a<br>Effective da                      | te, if other than the date o   | f filing:                          |                                     |                      | (optional            | <b>)</b>                |
| fan effective d<br><u>Note:</u> If the | late is listed, the date must be spe<br>date inserted in this block do<br>ffective date on the Departm | cific and cannot best not meet the | e prior to date of applicable state | filing or more than  | 90 days after filing | ,) Pursuant to 605.0207 |
| record speci<br>d is filed.            | ifies a delayed effective date,  | but not an effec                   | rtive time, at 12                   | 2:01 a.m. on the e   | arlier of: (b) T     | ne 90th day after the   |
| Pated                                  | October 3  | 202                                | 23 .                                |                      |                      |                         |
|  | d.   | 8. H                               | _                                   |                      |                      |                         |
|  |  | 1 desert                           | <del></del>                         |                      |                      |                         |
|  | Signati  | fre of a member of                 | or authorized rep                   | resentative of a mer | nber                 |                         |

Filing Fee: \$25.00