105000 008 373

(Re	questor's Name)	<u></u>
(Ad	dress)	
(* .5		
,		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
	_	
	_	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Cadified Casins	Contificator	- of Status
Certified Copies	_ Ceruncates	s or status
Special Instructions to	Filing Officer:	
•	J	
		_

Office Use Only



500331598025

30 L2 - 30 L9 Rec **41.1.

1 JUL 22 AHT: 50

GIOZ L Z TOFF

COVER LETTER

SUBJECT: _	Easton		ate Holdings	LLC
		Name of Lim	ited Liability Company	
The enclosed a	Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
		ce concerning this matter	•	
	-	Lenett	e Trivett	
	_	The Eas	ston Group	
		10165 N	Firm/Company IW 19 Stree	2+
	_		Address	
	_	Hrivette	FL 33172 City/State and Zip Code E the Eastor to be used for future annual report notion	ngmup.com
For further info	ormation conce	rning this matter, please ca	all:	
Len	Name of Pers	Trivett	at (<u>305</u> <u>593</u> Area Code Daytim	3-222 Ext. 800
Enclosed is a c	heck for the fol	lowing amount:		
ૅ \$25.00 Fil	ing 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 Registration	ADDRESS: Section	STREET/COURI Registration Section	

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

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	the name	() ()
registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	the name	73 73 73 73 73 73 73
registered agent and/or the new registered office address here:	the name	
registered agent and/or the new registered office address here:	the name	75.)
	the name	75.)
b. If amending the registered agent and/or registered office address on our records, <u>enter</u>	the name	OI 1116 4
D. If amonding the registered point and/or registered office address on our records anto-		of the n
(Mailing address MAY BE A POST OFFICE BOX)		
-		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the al	bbreviation "L	L.C."
A. If amending name, enter the new name of the limited liability company here:		
This amendment is submitted to amend the following:		
Florida document number 120000000 5 7 2 .		
The Articles of Organization for this Limited Liability Company were filed on $03/32/20$ Florida document number $L0500028372$	OD and as	signed

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<u></u>	☐ Remove
			Change
			☐ Remove
			Add
			□ Remove
			Change
			□ Remove
			
		Add	
		□ Remove	
		Change	
			□ Remove
			Change

_	01 1 1 1 1 2
_	Please change the title for
_	both Edward J. Easton and Edward
	W. Easton From Managing Members
_	to just "Managers".
_	TO JUST MUNICIPES.
_	
	
_	
-	
_	
	e date, if other than the date of filing: (optional)
Note: If	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
Dated _	July 19 . 2019.
	Signature of a member or authorized representative of a member
	Edward J. Easton Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00