

7/15/2015

LOG000017143

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : UNION HSA LLC  
Account Number : 120150000070  
Phone : (954)770-6227  
Fax Number : (954)369-4446

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EAGLES PROPERTY SERVICES, LLC

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**EAGLES PROPERTY SERVICES, 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 02/16/2006 and assigned Florida document number L06000017143.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8064 Dancing Wind Lane Apt 1902  
Naples, FL 34119

Enter new mailing address, if applicable:

8064 Dancing Wind Lane Apt 1902  
Naples, FL 34119

- 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:

NEIDE MIRANDA

New Registered Office Address:

8064 Dancing Wind Lane Apt 1902  
Naples, FL 34119

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 positions 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.

Neide Miranda  
If changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= Manager  
AMBR= Authorizes Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Units</u>	<u>Type of Action</u>
MGMR	EMERSON P DASILVA	2051 Par Drive NAPLES, FL 34120		<input checked="" type="checkbox"/> REMOVE
AMBR	NEIDE MIRANDA	8084 Dancing Wind Lane Apt 1902 Naples, FL 34119	100%	<input checked="" type="checkbox"/> ADD
MGMR	NEIDE MIRANDA	8084 Dancing Wind Lane Apt 1902 Naples, FL 34119		<input checked="" type="checkbox"/> CHANGE ADDRESS

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


D. Effective date, if other than the date of filing: 07/15/2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of States)

Dated: 07/16/2015.

Neide Miranda

Signature of a member or authorized representative of a member

NEIDE MIRANDA - MEMBER / MANAGER / AMBR / MGMR

Typed or printed name of signee

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