Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000237920 3)))



H210002378203ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX PLACE

Account Number : I20100000011

: (954)369-4444

Phone

Fax Number

: (954)369-4446

င္မာ

ļΤļ

Enter the email address for this business entity to be used for futur ${f Q}_{f f Z}$ annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEGACY FOAM LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACY FOAM LLC	ARA SUN
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	919
The Articles of Organization for this Limited Liability Company were filed on $02/16/200$ Florida document number 106000017143 .	and assigned 80
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liability company here:	
EAGLES PROPERTY SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:	ame of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	bility company here: bility Company," the designation "LLC" or the abbreviation "L.L.C." e address on our records, enter the name of the new registered 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 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

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

				
	<u> </u>			
				
	<u> </u>			
<u> </u>				
		Training .		
·····				
				
Effective date, if other than the	06/16/2021	(option:	al)	
If an effective date is listed, the date mus	t be specific and cannot be prior to dat ock does not meet the applicable :	te of filing or more than 90 days after fili statutory filing requirements, this di	ing.) Pursuant to 605.02	07 (3 as th
e record specifies a delayed effectiv rd is filed.	e date, but not an effective time, s	at 12:01 a.m. on the earlier of: (b)	The 90th day after th	ıc
Dated	2021		ALLAH	3091 HIN IS
Nerde	Mirande Signature of a member or authorized	representative of a member	AHASSEE	E n
NEIDE MIRANDA - M			1 07	>r 3€
	Typed or printed na	me of signee		<u>ာ</u>

Filing Fee: \$25.00