## #L07000077309

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Ĉi	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	,
		·

Office Use Only



700237099117

07/09/12--01013--012 \*\*25.00

2 JUL -9 PN 12: 15
EURETART OF STATE
THANKSOFF FRORMA

K.SALY EXAMINER JUL 11 2012

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED: 12 JUL -9 PM 12: 15

Eagle Consulti (Name of the Limited Liability Compa (A Florida Limited L	ing Firm, LLC ny as it now appear Liability Company)	s on our records.)	SEURLIARY OF STATE TALLAHASSEE, WLOBID)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	06/15/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	Garrett J. Cas	scioli	
(Principal office address MUST BE A STREET ADDRESS)	6221 NW 179	th Terrace	
	Hialeah, FL 3	33015	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· - · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ente</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGR Garrett J. Cascioli 6221 NW 179Th Terrace ✓ Add Hialeah, FL 33015 Remove ☐ Add Remove ☐ Add Remove \_ Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please attange business ADDRESS: 18520 NW 67 AVENUE Str. 179 Himmi, FL 33015 June 15 2012 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member Jennifer Nina - Managing Member
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00