

L07000089824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

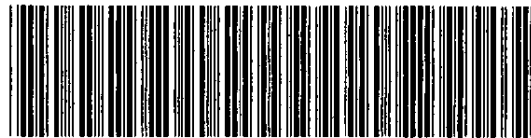
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500135081195

09/02/08--01035--007 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP -2 PM 1:35

B. Tadlock SEP 03 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE VISION VENTURES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA PAGAN

(Name of Person)

EAGLE VISION VENTURES, LLC

(Firm/Company)

2411 HURON CT

(Address)

KISSIMMEE, FLORIDA 34746

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA PAGAN

(Name of Person)

at (407) 709-6318

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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 ADDRESS:

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

STREET/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EAGLE VISION VENTURES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP - 2 PM 1:35

The Articles of Organization for this Limited Liability Company were filed on 08/31/2007 and assigned
Florida document number L07000089824.

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:

2411 HURON CT

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FLORIDA 34746

Enter new mailing address, if applicable:

3848 EAGLE ISLE CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE, FLORIDA 34746

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:

MARIA PAGAN

New Registered Office Address:

2411 Huron Ct

(Enter Florida street address)

Kissimmee

(City)

Florida 34746

(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.

Maria W. Pagan
(If Changing Registered Agent, Signature of New Registered Agent)

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

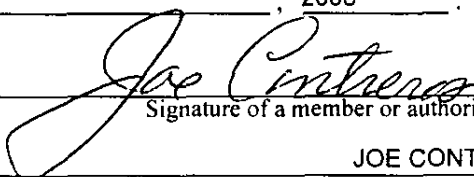
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARIA PAGAN	3848 EAGLE ISLE CIRCLE KISSIMMEE, FLORIDA 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PABLO PAGAN	3546 WOODBERRY KISSIMMEE, FLORIDA 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please correct my name instead of
Jose Contreras is Joe Contreras

Dated AUGUST 27, 2008


Signature of a member or authorized representative of a member
JOE CONTRERAS
Typed or printed name of signee