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SEUNETARY OF STATE
TALLAHASSEE, FLORIDA

F. HAMPTON DEC-0 2011 EXPANINE

## **COVER LETTER**

TO:	Registration Secti Division of Corpo						
SUBJI	ECT:	EAGLE G	ROUP US, LLC				
	**************************************	Name of Limi	ted Liability Company	<del>,                                     </del>			
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please	return all correspond	ence concerning this matter	to the following:				
JEANNETTE NUCETE							
Name			Name of Person				
			Firm/Company				
			7515 SW 99 AVE				
			Address	· · · · · · · · · · · · · · · · · · ·			
MIAMI, FL 33173							
	corporacionesymas@gmail.com  E-mail address: (to be used for future annual report notification)						
For fur	ther information cond	cerning this matter, please c		············,			
	leann	ette Nucete	305	450-9533			
	Name of Pe		at ( 305 ) Area Code & Dayt	ime Telephone Number			
Fastas	- 1 i 1 1 - 6 4 4	S.11					
	ed is a check for the f						
[ <b>√</b> ]\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$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**

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EAGLE COO	HID HIS HIGH	2011 52	0 1 111 2 00
EAGLE GRO	UP US, LLU	re on our recorde \. i. i.	TARY DE STATE
(Name of the Limited Liability Compa) (A Florida Limited L	Liability Company)	TALLAH	IASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	02/01/2010	and assigned
Florida document number L10000011798			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	7515 SW 99 AVE		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLOF	RIDA 33173	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7515 SW 99 MIAMI, FLOF		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ress
***		, 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 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 **Title Type of Action** <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 30 II Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00