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J. BRYAN

BRYAN EXAMINER

JUL 2 0 2010

## **COVER LETTER**

Division of C			
SUBJECT:	Eagle Indus	stries Systems, LLC	
		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
~ ·		Name of Person	- · · · · · · · · · · · · · · · · · · ·
		Firm/Company	ALL IO J
	2000 Balm I	Beach Lakes Boulevard, Suite	AR UL
	2000 F AIII I	Address	SSE
			TARY OF S
	West	Palm Beach, Florida 33409 City/State and Zip Code	SECRETARY OF STATE ALLAHASSEE. FLORIC
	aal	varez@lorenlawfirm.com	DA 7
	E-mail address:	(to be used for future annual report notification)	ation)
For further information	on concerning this matter, please	e call:	
A	drian J. Alvarez	at ( 561 ) 6	15-5701
Nam	ne of Person	Area Code & Daytime	Telephone Number
	d C No. 1		
	or the following amount:	TOSS OF Pilling For R.	TIPE O OO Elling Foo
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MA	AILING ADDRESS:	street/courie	R ADDRESS:
Reg	sistration Section issue of Corporations	Registration Section Division of Corpora	
P.O	, Box 6327	Clifton Building 2661 Executive Cen	
i ai	lahassee, FL 32314	Tallahassee, FL 323	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Systems, LLC y as it now appears on our records.) ability Company)		
were filed on 7/14/10 and assigned		
lity company here:		
ystems, LLC		
ed Liability Company," the designation "LLC" or the abbreviation		
AR F 11		
SSE TO I		
mon R III		
RID RID		
ice address on our records, enter the name of the new		
Enter Florida street address		
Flavida		
City , Florida Zip Code		
ie V		

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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			T 8
			— — — — — — — — — — — — — — — — — — —
			D Damassa
			□ D amous
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets	if necessary.)
_			JUL 19 RETARY C
Dated	July 15	. 7010	F STATE FLORIDA
	Signature	Ca plembet of authorized representative of a mem	iber
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00