## L10000119369

(Re	equestor's Name)	
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SESPETARY OF STATE

DEC 3 1 2012 T. HAMPTON

• •	, c	COVER LETTER	
TO: Registration Section Division of Corpora			
SUBJECT: Eag	ile I Fence	ed Liability Company	
	Name of Limite	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
_	Ran	dy Guay	
_	EagleIF	Firm/Company	LLC
_	1455 Rid	gewood Street	
			0
_	e a gle , E-mail address; (to	city/State and Zip Code  fence @ yahoo. Co be used for future annual report notification	Com
For further information conce	•		
Randy C	nay	at (316) 736 - 3 Area Code & Daytime Tel	96 J
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee □	1\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

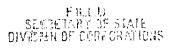
MAILING ADDRESS:

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



12 DEC 26 PM 12: 19

(Name of the Limited Liabilia (A Florida	ity Company as it a Limited Liability	now appears on our re Company)	cords.)
The Articles of Organization for this Limited Liability	Company were fi	iled on ////7	2010 and assigned
Florida document number <u>L/000011936</u>	<u>, 9</u> .	······································	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability co	mpany here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liab	oility Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:	<u></u>		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		dress on our record	ls, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	<del></del> .	Enter Florida	street address
	City	, F	Florida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
n <u>GRM</u>	Colleen Guay	1455 Ridgewood Street	Add
	J	1455 Ridgewood Street Deland FL 3276	PD Remove
			Add
			Remove
			Add
			Remove
<del></del>			Add
			DEC 26
			Add.) 2: Remove
			Add
			Kemove

f am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	December 17, 2012.
a	Aci du Cora
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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