

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	<u> </u>
- (Do	cument Number)	
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TALLAHASSEE, TLORIDA

COVER LETTER

	egistration Se vision of Cor				
CUDIFOT	Eugenie LL	С			
SUBJECT		Name of Lim	ited Liability Compan	<i>y</i>	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	m all correspo	ndence concerning this matter	to the following:		
		Anne R ONeil			
		· · · · · · · · · · · · · · · · · · ·	Name of Person	1	
		Eugenie LLC			
			Firm/Company	,	· · · · · · · · · · · · · · · · · · ·
		1736 West Community Dr	ive		
			Address		
		Jupiter, Florida 33458			
			City/State and Zip (Code	
		aoneil510@gmail.com	to be used for future a	numl concert notific	ention)
For further	information co	oncerning this matter, please ca		inda report norme	anon
Anne R Of	Neil		561 at (43-5337	
	Name of	Person	Area Code	Daytime 1	Felephone Number
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Copy (additional copy	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra	NG ADDRESS: ation Section	Reg	REBT/COURIE	
	Divisio P.O. Bo	n of Corporations ox 6327		ision of Corporat ton Building	ions
		ssee, FL 32314	266	l Executive Cent ahassee, FL 3230	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it bow appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L1000045991	were filed on 04/18/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		ALE
		All A S
Enter new mailing address, if applicable:		ه د کار ا
(Mailing address MAY BE A POST OFFICE BOX)		X
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
If Chan	ging Registered Agent, Signature of N	New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the	title, name, and address of each person being added
or removed from our records:	
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	James J ONeil	1736 West Community Drive	
		Jupiter, Florida 33458	■ Remove
			Change
			☐ Remove
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change

	our EIN # is 36-4697418	
'. <u></u>	OUR EIN " is 36-4697418	
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		9 P
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fectiv	ve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or m	(optional)
ote: I	If the date inserted in this block does not meet the applicable statutory filinent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective t 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier
ted _	March 3, 2018	
_	Conne R. O'Neil Signature of a member or authorized representative	Jul
	Signature of a member or authorized depredantative	of a member

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Filing Fee: \$25.00