# Liabbullum

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Bu	ısiness Entity Naı	me)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600262288606

10/03/14--01005--016 \*\*30.00

2014 OCT -3 PM 4: 20

OCT 0 8 2014 D. BRUCE

## **COVER LETTER**

Division of Corporations		
SUBJECT: Fagle Francial Con Name of Limited I	nsultants LLC Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this matter to th	e following:	
David F. I	Name of Person	
Eagle Furan	Firm/Company	LLZ
2741 Ocean	Club Bly 2 #	4105
Hollywood	Flow 2 33019 ity/State and Zip Code	
Eagle Fivan & Email address: (to be	used for future annual report horification)	
For further information concerning this matter, please call:		With the freed
David F- Tay Name of Person	at (954) 973-495 Area Code Daytime Telepho	one Number 20
Enclosed is a check for the following amount:		•
S25.00 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:

TO:

Registration Section

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

Fagle Financial (Name of the Limited	Liability Comp.	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liab	ility Company			and assig	ned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the trade Florida LL.  The new name must be distinguishable and end with the wo		·	_		
The new name must be distinguishable and end with the wo Enter new principal offices address, if applicab (Principal office address MUST BE A STREET.	le:	bility Company," the de	esignation "LLC" or the	e abbreviation "L.I.	.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	) <b>Y</b> 1	£1/B		III OCT -3	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered o		our records, <u>ente</u>	the name of	the new
Name of New Registered Agent:	4/12	<u></u>			
New Registered Office Address:		Enter Floria	la street address		
		City	, 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 605, 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