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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

	Name of Lim	ited Liability Company	. ~
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	2023 NOV 27 PM 1: 28
Please return all correspo	ondence concerning this matter	to the following:	7 PM CORPO SSEELF
	Michael Massa		1: 28 STATE RATION LOSIDA
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	EAGLEPHILLIPS LLC		•
		Firm/Company	
	· 17070 Collins Ave Ste 250	)	
:		Address	
	Sunny Isles Beach, FL 331	160	
	accounting@uplyficapital.c	City/State and Zip Code rom	·
	E-mail address: (	to be used for future annual report notif	ication)
For further information o	concerning this matter, please c	all:	
Michael Massa		786 4706050	
, Name o	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 NOV 27 PM 1: 28

JIVISION OF CORPORATION
THAT ARASSES, FLORIDO

FILED

EAGLEPHILLIPS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 01 2012 and assigned Florida document number 1.12000099183 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Eagle Phillips LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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
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