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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: #1 PROPERTIES AND INVESTMENTS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER NINA
Name of Person

EAGLE CONSULTING AND BROKERAGE FIRM, LLC
Firm/Company

6221 NW 179 TERR
Address

MIAMI, FL 33015
City/State and Zip Code

EAGLECONSULTINGFIRM@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER NINA at (954) 793-0028
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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**

#1 PROPERTIES AND INVESTMENTS, 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 8/14/2012 and assigned
Florida document number 46-0758934.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EABIE CONSULTING AND BROKERAGE FIRM, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6221 NW 179 TERRACE
MIAMI, FL 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6221 NW 179 TERRACE
MIAMI, FL 33015

**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

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 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

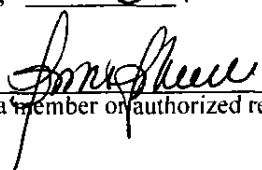
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GARRETT J. CASCIOLI	6221 NN 179 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33015	<input checked="" type="checkbox"/> Remove
MGR	DONNA GALLOWAY	2269 NE 31 ST	<input checked="" type="checkbox"/> Add
		LIGHT HOUSE POINT, FL 33064	<input type="checkbox"/> Remove
MGR	PAULETTE PHILLIPS	1081 SW 158TH AVENUE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 5-7, 2013


Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
13 MAY 16 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA