## L12000106347

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT.

9044 Eagles Ridge 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:

Ella H Goodwin

Name of Person

9044 Rental LLC

Firm/Company

2928 Wellington Circle Ste 201

Address

Tallahassee Florida 32309

City/State and Zip Code

sixv@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ella H Goodwin

850 668-2211

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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:

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**

ARTICLES	OF ORGANIZATIO	11
	OF	/3
		20 %
9044 Eagles Ridge LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears of	n our records
(A Florida L	imited Liaotiity Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/13	3/2012 and assigned
Florida document number L12000106347	. ,	70.8x =
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
9044 Rental LLC		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Cutou usus malling adducer if a militable.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		records, enter the name of the nev
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
	City	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 **Address Type of Action** <u>Title</u> <u>Name</u> FLV, Inc. 2928 Wellington Circle MGR Suite 201 Tallahassee FL 32309 Remove

	ecessary.)
	<del></del>
April 15 2013	
Duk VIa	
Signature of a member of authorized representative of a member Frank L. Visconti	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00