

L13000002140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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04/17/13--01023--014 **25.00

FILED

13 APR 17 PM 2:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**C. LEWIS
APR 18 2013
EXAMINER**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BALD EAGLE TRADING SYSTEMS, 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:

TYLER REAVIS

Name of Person

Firm/Company

15188 BROLIO WAY

Address

NAPLES, FL 34110

City/State and Zip Code

TYLERREAVIS@GMAIL.COM

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

For further information concerning this matter, please call:

TYLER REAVIS

Name of Person

at **239 250-9519**

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**

FILED

BALD EAGLE TRADING SYSTEMS, LLC

13 APR 17 PM 2:45

(Name of the Limited Liability Company as it now appears on our records) **FLORIDA**
(A Florida Limited Liability Company) **TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 1/4/2013 and assigned
Florida document number L13000002140.

This amendment is submitted to amend the following:

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

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:

15188 BROLIO WAY

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34110

Enter new mailing address, if applicable:

15188 BROLIO WAY

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34110

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:

TYLER REAVIS

New Registered Office Address:

15188 BROLIO WAY

Enter Florida street address

NAPLES

, Florida 34110

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

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DEBORAH SHEPERD	20071 BARLETTA LANE	<input type="checkbox"/> Add
		UNIT 2724	<input checked="" type="checkbox"/> Remove
		ESTERO, FL 33928	
MGR	TYLER REAVIS	15188 BROLIO WAY	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34110	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

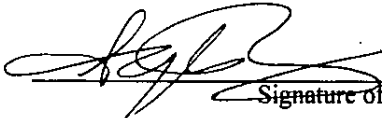
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED

13 APR 17 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____.



Signature of a member or authorized representative of a member

Tyler Reavis

Typed or printed name of signee

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Filing Fee: \$25.00