

L13000102094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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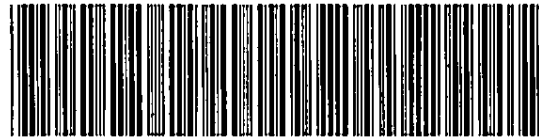
(Business Entity Name)

(Document Number)

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17 JUL 24 AM 10 48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&M RESTORATION SERVICES 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:

Jeffrey A. Eagan

Name of Person

A&M RESTORATION SERVICES LLC

Firm/Company

2815 CAMERON STREET

Address

MELBOURNE, FLORIDA 32901

City/State and Zip Code

JEFFREDO1@YAHOO.COM

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

For further information concerning this matter, please call:

JEFFREY A. EAGAN

321 507-2626
at (_____) _____

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**

FILED
17 JUL 24 AM 0:48

A&M RESTORATION SERVICES LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 JULY 18, 2013 and assigned
Florida document number L13000102094.

This amendment is submitted to amend the following:

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

HARRIS EAGAN CONSULTING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2815 CAMERON STREET

(Principal office address MUST BE A STREET ADDRESS)

MELBOURNE, FLORIDA 32901

Enter new mailing address, if applicable:

2815 CAMERON STREET

(Mailing address MAY BE A POST OFFICE BOX)

MELBOURNE, FLORIDA 32901

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:

BREANNE HARRIS

New Registered Office Address:

2815 CAMERON STREET

Enter Florida street address

MELBOURNE

Florida 32901

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 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	REX EAGAN	2100 N. ATLANTIC AVE	<input type="checkbox"/> Add
		#1102	<input checked="" type="checkbox"/> Remove
		COCOA BEACH, FL 32931	<input type="checkbox"/> Change
MGR	BREANNE HARRIS	2815 CAMERON STREET	<input checked="" type="checkbox"/> Add
		MELBOURNE, FLORIDA	<input type="checkbox"/> Remove
		32901	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECURITY OF STATE
TALLAHASSEE FLORIDA

17 JUL 24 AM 03:48
SECURITY OFFICE
TALLAHASSEE FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 28, 2017

BREANNE HARRIS

Filing Fee: \$25.00