1140006557

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



200269141662

02/19/15--01008--005 **25.00



MIRO G ZIIIE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2015

THOMAS C BOYLE 8216 WOODSONG ROW HUDSON, FL 34667

SUBJECT: EA GLOBAL ENTERPRISES, LLC

Ref. Number: L14000015557

We have received your document for EA GLOBAL ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 315A00003960 0

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EA GLOBAL FATERPRISES, LLC Name of Limited Liability Company
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:
THOMAS C BOYLE Name of Person
EA GLOBAL ENTERPRISES Firm/Company
8216 Wood SONG ROW
Hudson FL 34667
Hudson FL 34667 City/State and Zip Code THOMAS C BOYLE @ GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
THOMAS C BOYLE at 727 862 - 4639 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

LA UZOBAL						
(Name of the Limit	ed Liability Compai (A Florida Limited L	n <mark>y as it now ap</mark> iability Compa	pears on our records ny))		
The Articles of Organization for this Limited Li Florida document number	ability Company 5557	were filed on	1-29-2	014	_ and assig	ned
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liabi	lity compan	y here:			
The new name must be distinguishable and end with the	words "Limited Liabi	lity Company,"	the designation "LLC	" or the abb	reviation "L.L	C."
Enter new principal offices address, if applica	able:					
Principal office address MUST BE A STREE	T ADDRESS)					
						· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE I	BOX)					
					··· <u>}</u>	
B. If amending the registered agent and/	or registered of	fice address	on our records	enter th	e namerof	the nev
registered agent and/or the new registered of	<u>lice address here</u>	;			324 333 333	Person-
Name of New Registered Agent:	THOMA	s C	BOYLE			
New Registered Office Address:	8216	Wood	SONG K Florida street address	ow ;	2: 2	
	Huds	SON		rida3	4667	<u></u>
		City			Zin 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

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action AMBR CHERL BOYLE 12003 SHAdOW RUN Blud _ Add RIVERVIEW FL 33569 Remove AMBR THOMAS BOYLE 12003 SHAdow RUN BLUCK DAD RIVERVIEW FL 33569 Remove MGR THOMAS BOYLE 8216 Wood SONG ROW MADD. HUDSON FL 34667 □ Add ☐ Remove □ Add □ Remove

ŧ		
· 		
ective date, if other th	an the date of filing:	(optional)
effective date must be specif	ic, cannot be prior to date of receipt or file	(optional) ed date and cannot be more than 90 days after
effective date must be specified this document is filed b	an the date of filing: ic, cannot be prior to date of receipt or file y the Florida Department of State)	(optional) ed date and cannot be more than 90 days after
effective date must be specif	ic, cannot be prior to date of receipt or file	(optional) and date and cannot be more than 90 days after
effective date must be specified this document is filed b	ic, cannot be prior to date of receipt or file	(optional) ed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

