L14000017206

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STATE OF STATE

APPLICATION OF THE PROPERTY OF THE

MAR 2 7 2014 T. BROWN

COVER LETTER

TO:	Registration Section
	Division of Corporations

__ EAGLES PATHERS 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:

CARMEN MARTINEZ

Name of Person

EAGLES PATHERS LLC

Firm/Company

1820 NE 59 CT

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

JIMENEZMARTINEZ@ME.COM

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

For further information concerning this matter, please call:

RICHARD BOWERS JR

.,954、303-0120

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

records.)

AMARICA AMID: 45

records.)

EAGLES PATHERS 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	ty Company were filed on 02/20/2	and assigned
Florida document number <u>L\4000017206</u>	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
EAGLE PANTHER LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
	1.00.40	
New Registered Office Address:	Enter Florida stree	address
	27,557 7 107 100 517 50	
_	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 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 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 **Address Type of Action** <u>Title</u> <u>Name</u> MGR RICHARD BOWERS JR 302990 JOSIE BILLIE CLEWISTON FL33440 __□ Remove ____ Add ☐ Remove ☐ Remove ■ Remove _□ Remove ☐ Add

____ □ Remove

. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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	· · · · · · · · · · · · · · · · · · ·			
	ective date, if other than the date of filing:			
Date	Villey in 2			
	Signature of a member or authorized representative of a member RICHARD BOWELS, M.			
	Typed or printed name of tignee			

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Filing Fee: \$25.00