## L14000026303

(Rε	equestor's Name)			
(Ac	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





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11/07/19--01005--028 ++25.00



Amend

DEC () 7 2019 1 ALBRITTON

## **COVER LETTER**

O: Registration Section Division of Corporations
SUBJECT: Eagles World Real Estate Holdings, 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:
Orgest Lushnia  Name of Person
Eagles World Real Estate Holdings, LLC Firm/Company
12912 San Jose Blud, Suite 102
City/State and Zip Code  CraeSt 20 Control Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Orgest Lushofa at (904) 337-1392  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  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

Eastes Wo	rid Peul E	State Holo	lings LLC	<u> </u>
(Name of the Limit	(A Florida Limited Liah	as it now appears on oblity Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number <u>L14000026303</u>	iability Company we	ere filed on Febr	uary 14, 2014	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabilit	v company here:		
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designa	ition "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	:able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
			<u></u>	<u> </u>
				•
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>
B. If amending the registered agent and		ce address on our	records, enter	the name of the n
registered agent and/or the new registered o	ince address nere:			
Name of New Registered Agent:	Lo	RANCA Ka	JEZI	
New Registered Office Address:	12412 San	JOSE BLA S Enter Florida st	reet address	
	<del>Jə</del> c	keonville City	, Florida	32723 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 tiprovisions 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	LORANCH KELLEZI	12412 Son Fre Blod 102, Jan, Fl 32	123 <b>X</b> Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
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			Add
•			□ Remove
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			Remove
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			Add
			Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.
Dated November 4, 2017.
Signature of a member or authorized representative of a member
ORGEST LUSHNIA Typed or printed name of signee

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Filing Fee: \$25.00