114000179612

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INISION OF CORPORATIONS

N COOPER SEP 13 **2018**

COVER LETTER

TO: Registration Sec Division of Corp			
	X ENTERPRISES LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	utted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	OZIEL CANTU		
		Name of Person	 -
		Firm/Company	<u></u>
	1506 EDWARD AVE		
		Address	
	LEHIGH ACRES, FL 339	972	
		City/State and Zip Code	
	Eagleme	x.eaamoul.	Com
	E-maîl address: (t	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	11:	
OZIEL CANTU		863 673-0749	
Name of	Person		Telephone Number
Enclosed is a check for th	e 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 caclosed)

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

EAGLE MEX ENTERPRISES, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	(Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L14000179612	ompany were filed on 11/19/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C"
		60 ∑S
Enter new principal offices address, if applicable:		ST SK
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	
		0 CX.
		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, <u>en</u> r <u>ess here</u> :	ter the name of the n
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 the socument 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	OZIEL CANTU-RIOS	1506 EDWARD AVE LEHIGH ACRES, FL 33972	Add
			Remove
			Change
MBR	OZBEL CANTU-RIOS	1506 EDWARD AVE LEHIGH ACRES, FL 33972	∩ Add
			■ Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			Change

			
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to tote: If the date inserted in this block does not meet the applicable becument's effective date on the Department of State's records.	date of filing or more th le statutory filing req	(optional) an 90 days after filing.) Po uirements, this date wi	ursuant to 605. Il not be liste
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time	, at 12:01 a.m. on	the earlie
ated 010 2018	_·		
Tenature of a member or authori		member	
pignature of a manner of authorities			

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Filing Fee: \$25.00