

U5000046418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

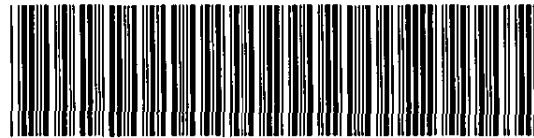
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CONSULAR AFFAIRS  
15 MAR 27 AM 10:59  
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SUFFICIENCY OF FILING

FILED  
15 MAR 27 PM 2:13  
MAR 30 2015  
S. YOUNG

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 540964 8039160

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 13, 2015

ORDER TIME : 10:05 AM

ORDER NO. : 540964-010

CUSTOMER NO: 8039160

DOMESTIC AMENDMENT FILING

NAME: EAGLEWIDE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
15 MAR 27 PM 2:10  
TALLAHASSEE, FL  
CORPORATION SERVICE COMPANY

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAGLEWIDE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

AFISAYO@GMAIL.COM

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

For further information concerning this matter, please call:

Name of Person

at ( )

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

CR2E062 (2/14)

FILED  
15 MAR 27 PM 2:13  
TALLAHASSEE, FLORIDA

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: EAGLEWIDE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000046418

**THIRD:** Document to be corrected is:  
Articles of Organization for Florida Limited Liability Company

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect Statement: Article IV. The name and address of the person(s) authorized to manage:

ADEFISAYO ADEGOKE 20521 Colonial Isle Drive Unit 203 Tampa, FL 33647  
Tiffany Lacole Patrick, 20521 Colonial Isle Drive, Unit 203, Tampa, FL 33647

Correct Statement: Article IV. The name and address of the person(s) authorized to manage:

ADEFISAYO ADEGOKE 20521 Colonial Isle Drive Unit 203 Tampa, FL 33647  
Tiffany Lacole Patrick, 20521 Colonial Isle Drive, Unit 203, Tampa, FL 33647

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

*[Signature]*  
Signature of Authorized Representative

23<sup>rd</sup> MARCH, 2015  
Date

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

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