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(F	Requestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
CITO	Flying Bob	cats Capentry LLC		
SUB	ECI:	Name of Lim	nited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Yadiel Aguilar		
			Name of Person	
			Firm/Company	
		1200 Sandal Lane Apt 120	7	
			Address	
		Panama City Beach, FL 32	2413	
			City/State and Zip Code	
		yadielaguilar@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For fu	orther information c	oncerning this matter, please ca	all:	
Yadio	el Aguilar		850 238-6796 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne 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

Flying Bobcats Capentry LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·		
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000183784</u>	were filed on October 26, 2015	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Eagle Family Carpentry LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	1200 Sandal Lane Apt 1207			
(Principal office address MUST BE A STREET ADDRESS)	Panama City Beach, FL 32413			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1200 Sandal Lane Apt 1207 Panama City Beach, FL 32413			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	SEMENT OF SALL		
	, Florida	>		
	Cit.	7:- Codo		

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 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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the d	ate of filing: January 10, 2016	(optional)	
on effective date is listed, the date must be to the date inserted in this bloce.	e specific and cannot be prior to date of filing or a does not meet the applicable statutory fil	r more than 90 days after filing.) Pursuant to 605 ling requirements, this date will not be liste	.020° ed as
ocument's effective date on the Dep	artment of State's records.		
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December 14	2015		
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Filing Fee: \$25.00