

L16 0000 14226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

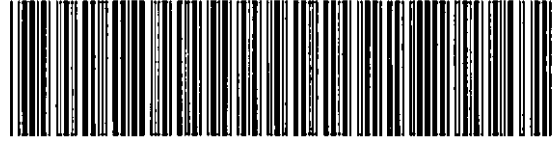
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2021 FEB -1 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FL.

3/17/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE PROFESSIONAL MANAGEMENT, 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:

Ingrid Horn
Name of Person

Florida Domicile Realty LLC
Firm/Company

13571 McGregor Blvd Ste 25
Address

Fort Myers, FL 33919
City/State and Zip Code

mail@florida-domicile.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid Horn at (239) 839-8609
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2021 FEB -1 PM 1:12

EAGLE PROFESSIONAL MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

**SECRETARY OF STATE
TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 01/20/2016 and assigned Florida document number L16000014226.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Florida Domicile Management LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

13571 McGregor Blvd Ste 25

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33919

Enter new mailing address, if applicable:

13571 McGregor Blvd Ste 25

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, FL 33919

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Franz Sigl

New Registered Office Address:

13571 McGregor Blvd Ste 25, FL 33919

Enter Florida street address

Fort Myers

City

Florida 33919

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 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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area contains horizontal lines for amending information.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 01/28/2021

(Handwritten signature)

Signature of a member or authorized representative of a member

ANGELICA CORN

Typed or printed name of signer