

L16000021671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

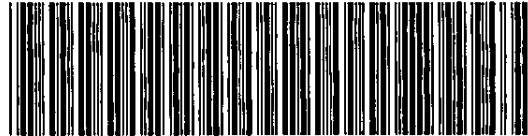
(Business Entity Name)

(Document Number)

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16 MAR 17 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 21 2017  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HD Walkthrough 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:

Franco Nicolich

\_\_\_\_\_  
Name of Person

HD Walkthrough LLC

\_\_\_\_\_  
Firm/Company

11511 Villa Grand, Unit 501

\_\_\_\_\_  
Address

Fort Myers, FL 33913

\_\_\_\_\_  
City/State and Zip Code

franco@eagleseyefl.com

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

For further information concerning this matter, please call:

Franco Nicolich

612 518-7792  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 MAR 17 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 22, 2016

FRANCO NICOLICH  
11511 VILLA GRAND, UNIT 501  
FORT MYERS, FL 33913

SUBJECT: HD WALKTHROUGH LLC  
Ref. Number: L16000021671

*See written  
changes*

We have received your document for HD WALKTHROUGH LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P14000045569.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 116A00003616

16 MAR 17 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

HD WALKTHROUGH LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/01/2016 and assigned  
Florida document number L16000021671.

This amendment is submitted to amend the following:

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

Eagle's Eye ~~Marketing Services LLC~~ / Eagle's Eye Marketing Services 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:**

(Principal office address MUST BE A STREET ADDRESS)

5235 Ramsey Way #14, Fort Myers, FL 33907

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

5235 Ramsey Way #14, Fort Myers, FL 33907

**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:

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 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

| <u>Title</u> | <u>Name</u>             | <u>Address</u>                  | <u>Type of Action</u>                   |
|--------------|-------------------------|---------------------------------|---|
| AMBR         | Manuel E Bolanos Quiros | 5235 Ramsey Way #14, Fort Myers | <input checked="" type="checkbox"/> Add |
|              |                         |                                 | <input type="checkbox"/> Remove         |
|              |                         |                                 | <input type="checkbox"/> Change         |
|              |                         |                                 | <input type="checkbox"/> Add            |
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some faint, illegible markings that appear to be from a previous page or a stamp. The rest of the page is completely blank.

**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 February 9th, 2016

*Tom Mulrow*

Signature of a member or authorized representative of a member

Franco Nicolich

Typed or printed name of signee

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