

FAX 813 884 0263 DEPT. OF SERVICE  
Division of Corporations 116000045988

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Email Address:

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EAGLE EYE TRADING LLC**

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## Electronic Filing Menu

## Corporate Filing Menu

Help

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAGLE EYE TRADING 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:

DR. SOUZA, RAFAEL AUGUSTO M

Name of Person

EAGLE EYE TRADING LLC

Firm/Company

7806 GRASMERE DR

Address

LAND O LAKES, FL 34637

City/State and Zip Code

usa.rafael@yahoo.com

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

For further information concerning this matter, please call:

RAFAEL AUGUSTO M DE SOUZA

813 507-4765

Name of Person

at (    )

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
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\$55.00 Filing Fee &  
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\$60.00 Filing Fee,  
Certificate of Status &  
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(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**

**EAGLE EYE TRADING 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 03/04/2016 and assigned Florida document number L16000045988

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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 \_\_\_\_\_ 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

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

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

**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 OCTOBER 3, 2016

2016

Signature of a member or authorized representative of a member

MGR RAFael AUGUSTO MARTINS DE SOUZA  
Typed or printed name of signee

**Typical or printed name of signee**