

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DDS TAMPA TAX SERVICE  
Account Number : I20140000115  
Phone : (813)882-8426  
Fax Number : (813)884-0263

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dvs12 USA @ hotmail.com

2019 FEB 15 AM 8:47  
SUNBIZ TAX & SERVICE  
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu      Corporate Filing Menu

JLS  
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February 15, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EAGLE EYE TRADING LLC  
7806 GRASMERIE DR  
LAND O LAKES, FL 34637

SUBJECT: EAGLE EYE TRADING LLC  
REF: L16000045988

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The attached form must be completed in order to file the document.

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.

Octavia L Simmons  
Regulatory Specialist III

FAX Aud. #: H19000051783  
Letter Number: 019A00003332

## 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:

DE SOUZA, RAFAEL, AUGUSTO M

Name of Person

EAGLE EYE TRADING LLC

Firm/Company

19708 LONESOME PINE

Address

LAND O LAKES, FL 34638

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:

DE SOUZA, RAFAEL, AUGUSTO M

813 507-4765

Name of Person

at ( ) 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)
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**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)

19708 LONESOME PINE

LAND O LAKES, FL 34638

19708  
LAND O LAKES, FL 34638

19708  
LAND O LAKES, FL 34638

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19708 LONESOME PINE

LAND O LAKES, FL 34638

19708  
LAND O LAKES, FL 34638

19708  
LAND O LAKES, FL 34638

**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:

DANIEL VIEIRA SILVA

New Registered Office Address:

79241 FISHERSMANS BEND DR

Enter Florida street address

LVTZ

City

Florida 33558

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*

02/15/2019 3:02 PM FAX 813 584 0263

DDS TAX SERVICE

0005/0008

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	PINHALZINHO MULTIMARCAS COMERCIO	AVE. PORTO ALEGRE 167 PINHALZINHO 89870-000 BR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	DE SOUZA, RAFAEL AUGUSTO M	19708 LONESOME PINE LAND O LAKES, FL 34638	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	SILVA, DANIEL V.	19241 FISHERMANS BEND DR LUTZ FL 33558	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	DE ARAUJO ROCHA JUNIOR, ANTONIO M.	3757 GERRANDS CROSS CT LAND O LAKES FL 34638	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	RIBEIRO NEPOMUCENO, RAFAEL	7540 LAKE ALBERT DR WINDERMERE FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

Page 2 of 3

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

2019 FEB 15 AM 8:41  
SLOANE INN  
ALLAHASSEE, FLORIDA

2019 FEB 15 AM 8:41  
SLUICE IN 3' 11" 3' 11"  
ALLAHASSE, FLORIDA

FILED

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 13, 2019

*[Signature]* Signature of a member or authorized representative of a member

RAFAEL AUGUSTO M. DE SOUZA

Typed or printed name of source