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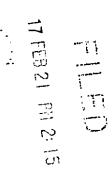
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Divi	ision of Corporations	
SUBJECT:	Eagle Truck Enterprises, LLC	
SUBJECT.	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:	
	Katia Aguiar	
	Name of Person	
	Eagle Truck Enterprises, LLC	
	Firm/Company	
	7700 Tara Cir	
	Address	
	Apt 208	
	City/State and Zip Code	
	Naples, FL. 34103  E-mail address: (to be used for future annual report notification)	
For further in	oformation concerning this matter, please call:	
Katia Aguiar		
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
\$25.00 Fi	iling Fee \$\sigma\$ \$30.00 Filing Fee & \$\sigma\$ \$55.00 Filing Fee & \$\sigma\$ Certificate of Status \$\sigma\$ Certified Copy (additional copy is enclosed) \$\sigma\$ Certified Copy (additional copy is enclosed)	tus &

MAILING ADDRESS:

TO:

Registration Section

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 Truck Enterprises, LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.16000057521	were filed on 03/21/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	new principal offices address, if applicable: 7700 Tara Cir	
(Principal office address MUST BE A STREET ADDRESS)	Арт 208	
	Naples, FL. 34104	
Enter new mailing address, if applicable:	7700 Tara Cir	FEB 2
(Mailing address MAY BE A POST OFFICE BOX)	Apt 208	TO (1)
	Naples, FL. 34104	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ade	
		Florida
	CALLY.	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties,	and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Address	Type of Action
Mgr	Katia Aguiar	7700 Tara Cir	<b>∃</b> Add
		Apt 208	☐ Remove
		Naples, FL. 34104	☐ Change
			Remove
			Change
			□ <del>Ad</del> d
			□ Remove
			Agg
			□ Remove
			□ Change
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			□ Remove
			Change
			□ Add □ Remove
			Change

	ending any other information, enter change(s) here: (Attach addition		
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(H'an eff <u>Note:</u>	ive date, if other than the date of filing:  Sective date is listed, the date must be specific and cannot be prior to date of filing or many of the date inserted in this block does not meet the applicable statutory filing tent's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 602 g requirements, this date will not be list	5.0207 (3 ed as the
If the red (b) The	cord specifies a delayed effective date, but not an effective t 90th day after the record is filed.	ime, at 12:01 a.m. on the earli	er of:
Dated	February 1st 2017		
	Signature of a member or authorized representative	of a member	
	Nora Gonzalez		

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Filing Fee: \$25.00