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(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
inactive (vol. Diss.)	

Office Use Only



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K. SALY SEP 13 2017

TO:	Registration Se Division of Cor		•		,
CI:DII	ecer.	Eagle	Beam 11	i _c	
SUBJI	sci:	- 1310	Name of	Limited Liability Company	
The en	closed Articles of	Amendment	and fee(s) are	submitted for filing.	
Please	return all correspo	ndence cond	cerning this ma	tter to the following:	
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				Strader Name of Person	
				Name of Person	
				Firm/Company	
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For fur	ther information c	oncerning th	us matter, plea	se call:	
				at () Area Code Daytim	
	Name o	f Person		Area Code Daytim	e Telephone Number
Enclos	ed is a check for the	ne following	amount:		
Y \$2	5.00 Filing Fee) Filing Fee & ificate of Statu	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDR ation Section on of Corpor ox 6327 assee, FL 32	n ations	STREET/COURI Registration Section Division of Corporation Building 2661 Executive Control Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 SED	
2017 SEP - 5 AM 10: 50	
MM 10: 59	7

Eagle Bean LLC (Name of the Limited Liability Company as it now appears on our records.)
| (A Florida Limited Liability Company) TELE FI ONLY The Articles of Organization for this Limited Liability Company were filed on ______________________________and assigned Florida document number __LIV 000 103 984 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to from our records:	o manage, <u>enter the title, name, and address of eacl</u>	n person being addec
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Justin Strader	11206 Windsor Place Circle	
		Tampa, FL 33426	■ Remove
			□ Change
MGR	Devin Hildebrand	3613 Calhoun Street	
		New Orleans, LA 70125	☑ Remove
			☐ Change
<u>AMBR</u>	Justin Strader	11206 Windsor Place Circle	\ Add
		Tampa, Fl 33626	□ Remove
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If amending any other informatio	on, enter change(s) here: (Attach additional sh	neets, if necessary.)
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		IN SEP - 5 MM ID: 5
		<u> </u>
	i.	
(If an effective date is listed, the date must be	specific and cannot be prior to date of filing or more that the does not meet the applicable statutory filing requ	(optional) in 90 days after filing.) Pursuant to 605.0207 (irrements, this date will not be listed as the
the record specifies a delayed) The 90th day after the reco	effective date, but not an effective time, rd is filed.	at 12:01 a.m. on the earlier of:
Dated		
	ignature of a member or authorized representative of a n	nember
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2017

JUSTIN STRADER 11206 WINDSOR PLACE CIR TAMPA, FL 33626

SUBJECT: EAGLE BEAM LLC Ref. Number: L16000103984

We have received your document for EAGLE BEAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This company file a voluntary dissolution 8/15/2017. Amendment can not be filed to an inactive company.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 517A00016837