116000131173

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(Address)	
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(Document Number)	
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COVER LETTER

	Registration Sec Division of Corp				
erm rec		GGER AMUSEMENT LLC			
SUBJEC	T:	Name of Lim	ited Liability Company		
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspor	ndence concerning this matter	to the following:		
		ANDREW S NORRIS			
			Name of Person		
		EAGLETRIGGER AMUS	SEMENT LLC		
Firm/Company				··· ·	
		20071 EDGEWATER CT			
		Address			
		TALLAHASSEE, FL			
		City/State and Zip Code			
		andrew.s.norris86@gmail.c	om to be used for future annual report notil	ication)	
For furthe	er information co	oncerning this matter, please co	•		
ANDRE	w s norris		at () 455-0216 Area Code Daytime		
	Name of	Person	Area Code Daytimo	e Telephone Number	
Enclosed	is a check for the	e following amount:			
<u>□</u> \$25.0	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAGLETRIGGER AMUSEMENT LL	C	
(Name of the Limited I (A I	iability Company as it now appears on our florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi Florida document number £16000131173	lity Company were filed on JULY 12	, 2016 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	THE THE
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.OC."
Enter new principal offices address, if applicable	e:	<u> </u>
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et 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>	Type of Action
AMBR	MARIE ELIZABETH NORRIS	20071 EGDEWATER CT	
		TALLAHASSEE, FL 32310	Remove
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ectiv	e date, if other than the date of filing: AUG 06, 2017 (optional)
	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
he 9	Oth day after the record is filed.
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led _	Hugust 6 Coll
	August 6 2017 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00