# 116000154676

Office Use Only



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D. SCOTT APR 12 2017

### **COVER LETTER**

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SUBJECT:	REAGLE				
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	Name of Lin	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		JORDAN REAGLE			
		-	Name of Person	1	_
		REAGLE MANAGEMEN	IT LLC		
Firm/Company					755
		5460 LYONS ROAD APT	112		TOTAL NO.
			Address		
		Address  COCONUT CREEK FL 33073  City/State and Zin Code			
		JORDAN954R@GMAIL.C	City/State and Zip Code		A 3 02 STATE TLOND!
		_	to be used for future annual report noti	fication)	DM 2
For further in	nformation c	oncerning this matter, please c	all:		
JORDAN R	EAGLE		954 695-4030		
	Name o	f Person	Area Code Daytim	e Telephone Numbe	r
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
	MAIL	ING ADDRESS:	STREET/COURI	-	
	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ussee, FL 32314	Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations	
	Lanana	10300, I'D J4J14	Tallahassee, FL 32		

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## REAGLE MANAGMENT 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 $\frac{08/15/16}{1}$ and assigned Florida document number L16000154676 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: REAGLE MANAGEMENT LLC 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

, Florida \_

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 **Title** <u>Address</u> Type of Action <u>Name</u> ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove TALL SECOND CHANGET ASSCILLAND AND Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Remove

☐ Change

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fective date, if other than the	date of filing:	(optional)
ote: If the date inserted in this bloom	ck does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
cument's effective date on the De	partment of State's records.	
record specifies a delayed	effective date, but not an effecti	ve time, at 12:01 a.m. on the earlier
The 90th day after the rec		·
, APRIL 6	2017	
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Filing Fee: \$25.00