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COVER LETTER

	Registration S Division of Co			
SUBJEC	EON.AI I	LLC		
		Name of Lim	ited Liability Company	
The enclo	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please ret	um ali corresp	oondence concerning this matter	to the following:	
		JOSE VILLAR, CPA		
			Name of Person	
		JOSE A. VILLAR CPA, P	Α	
			Firm/Company	
		3850 SW 87 AVE STE 30	I	
			Address	
		MIAMI, FL 33165		
			City/State and Zip Code	
		JVILLAR@VILLARCPA.	COM to be used for future annual report notition	antian)
For firthe	er information	concerning this matter, please or		ation)
		concerning this matter, preuse en		
JOSE VI			305 448-1648 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		LING ADDRESS: tration Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EON.AT LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000180068</u>	any were filed on 09/27/2016	and assigned
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 L	iability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	T T
		<u> </u>
Enter new mailing address, if applicable:		PH 2:
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is ————————————————————————————————————
		orida
	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>	Address	Type of Action
MGR	Jose Villar	3850 SW 87 Ave #301	
		Miami, FL 33165	□ Remove
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Effective date, if other than fan effective date is listed, the date	the date of fili	ng:			(optional)		
Note: If the date inserted in the date date in the date in the date on the document's effective date on the date of the date o	s block does not	meet the applic	cable statutor	y filing require	nents, this date	will not be list	ed as the
ne record specifies a dela The 90th day after the	yed effective record is filed	date, but no i.	ot an effec	tive time, at	12:01 a.m.	on the earli	er of:
12/1 Dated		2016					
		-					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00