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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Double R Eagle LLC
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:
Brenda Rosenberger Name of Person
Doube R Eagle Firm/Company
175 Dragonfly Drive
City/State and Zip Code b_rosenberger@bellsouth=net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Povenda Rosenberger at (321) 1698-7940 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \cent{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \Bigcup
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

ARTICLES OF	ORGANIZATION OF 2017FEB 15 PM 2:40 PARY AS IT NOW ADDRESS ON OUR PECONOS.) AND AND AS IT NOW ADDRESS ON OUR PECONOS.)
Double R Eagle, (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. AHASSEE, FLORES
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700004535</u>	by were filed on $\frac{1}{5/17}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the newere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
•	, Florida
	City

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 **Title** Name **Address** Type of Action Adam Rosenberger 5560 N. US Hwyl MGR _□ Add Melbourne, FL 32940 _ Change Brenda Rosenberger THUSVILLE, FL 32780 □ Remove ☐ Change □ Add ☐ Change 🗖 Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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Note: If the	ate, if other tha date is listed, the da date inserted in t effective date on	his block does n	not meet the app	licable statutory	or more than 90 days filing requirement	(optional) s after filing.) Purst s, this date will n	uant to 605.0207 ot be listed as t
	specifies a de h day after the			not an effectiv	ve time, at 12:	01 a.m. on th	ne earlier of
Dated	Feb.	10	201 mh	7	ative of a member		
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Filing Fee: \$25.00