

L17 000045765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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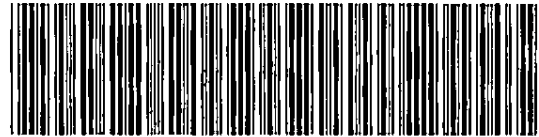
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

S. WARREN

AUG 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE ENTERPRISES, 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:

BRYAN THOMAS JONES
Name of Person
EAGLE ENTERPRISES, LLC.
Firm/Company
5321 DAWN LN.
Address
HOLIDAY FLORIDA 34690
City/State and Zip Code
CHFBTJ@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYAN JONES at (407) 520-0151
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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**

EAGLE ENTERPRISES, 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 2/27/17 and assigned Florida document number L 17000045765

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EAGLE ENTERPRISES, 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)

5321 Dawn Ln.

HOLIDAY, FL 34690

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:

BRYAN T. JONES

New Registered Office Address:

5321 Dawn Ln.

Enter Florida street address

HOLIDAY
City

Florida

34690
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.

Bryan T. Jones
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>	<u>Type of Action</u>
MGR	BRYAN T. Jones	5321 DAWN LN.	<input checked="" type="checkbox"/> Add
		HOLIDAY, FL. 34690	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS L. Jones	10120 BRIAR CIR.	<input type="checkbox"/> Add
		HUDSON, FL. 34690	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEMBER	DEWIZ M. Jones	10120 BRIAR CIR.	<input type="checkbox"/> Add
		HUDSON, FL. 34690	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE NAMES OF MEMBERS
ARE CHANGING TO ADD THOMAS JONES
AS MANAGING MEMBER AND
DENIZ JONES AS MEMBER

E. Effective date, if other than the date of filing: AUGUST 1, 2017 (optional)

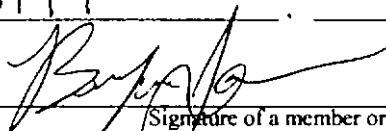
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

8/15/17



Signature of a member or authorized representative of a member

Bryan Jones

Typed or printed name of signee

FILED
17 AUG 25 PM 12:58
DEPARTMENT OF STATE
RECORDS SECTION