L17000084530

(Re	equestor's Name)	
(Ac	ldress)	,
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(Ci	ty/State/Zip/Phone	x #0
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Eggle Real E	State and Financia	al Services, LC
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	•
Please return all correspondence concerning this ma	tter to the following:	
Sabrir	na C. Bletler	· *
Egger	eal Estate and	Francial Services LCC
5740 NW	5th Leve	
	FL 33319 City/State and Zip Code	
Sabring by 12-mail address	etter Obotmail. Co	reation)
For further information concerning this matter, plea	se call:	
Sabring G. Butter Name of Person	at (<u>ASH</u>) <u>548–8</u> Area Code Daytime	SHO3 : Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigci \$\$\$\$\$\$\$\$ \$30.00 Filing Fee & Certificate of Status	S55.00 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, F1, 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**

	г главину Сопранут	1	
The Articles of Organization for this Limited Liability Compan Florida document number <u>LITOOOS453</u> .O	y were filed on 4	17/17	and assigned
The Articles of Organization for this Limited Liability Company were filed on 4 1717 and assigned Florida document number L1700084530 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 Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:			
A. If amending name, enter the new name of the limited lial	bility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Ennired Lab	orbity Company," the des	agnation "LLC" or the abb	proviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	AREA DE AAA - AREA DE DE CONTROL		

Enter new mailing address, if applicable:			alia e 1 mondina mondina
(Mailing address MAY BE A POST OFFICE BOX)			
	· · · · · · · · · · · · · · · · · · ·		752 252
		our records, <u>enter t</u>	••
Name of New Registered Agent:			
New Registered Office Address:	Enter Floral	a street address	
		, Florida	
	City		Zıp Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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	Mitchell Butter		🗆 Add
		5740 NW 54th Lane	Remove
		5740 NW 54th Lane Tamarae, FL 33319	☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			— □ Add — □ Add === (i)
			Remove C
			Change
			Add
			☐ Remove
			☐ Change
N		·	Add
			□ Remove
			□ Change

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a Riffe	ective date, if other than the date of filing:	
(li'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. e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	.020 ed a
doc	ument's effective date on the Department of State's records.	
(f tha	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	٠r
	he 90th day after the record is filed.	•
	5/15 17	
Dat	Signature of a member of authorized representative of a member 5abrina G. Butler Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00