

# L17000146009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

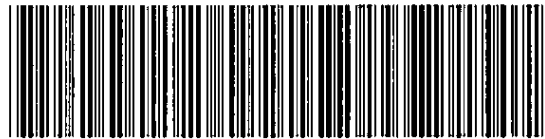
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



800423474038

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2024 FEB -7 AM 10:36

CLERK OF COURT  
TALLAHASSEE, FLORIDA

RECEIVED

2024 FEB -7 PM 3:30

TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

Please use funds from this account: 12021000160: \$25.00

Authorization Signature: 

EagleStar Beach House, LLC L17000146009

Business

Document #

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Certified copy of articles

☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ CORP

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ Conversion

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ POSTAL ☐ Country

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAGLESTAR BEACH HOUSE 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:

Michael Pollard  
Name of Person

EAGLESTAR BEACH HOUSE LLC  
Firm/Company

9995 GATE PARISway Ste 400  
Address

Jacksonville FL 32246  
City/State and Zip Code

Mike Pollard 3030@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 3769763  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

EAGLESTAR BEACH House LLC

2024 FEB -7 AM 10:36

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07-06-2017 and assigned  
Florida document number 117000146009

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 "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:

Michael Pollard

New Registered Office Address:

2655 Wilkins Ct

Enter Florida street address

Jacksonville

City

Florida 32209

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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Kavalieras, Lisa</u>	<u>9995 GATE PARKWAY</u>	<input type="checkbox"/> Add
		<u>Ste 400 Jacksonville</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 32246</u>	<input type="checkbox"/> Change
<u>I</u>	<u>KATS Julianna</u>	<u>9995 GATE PARKWAY</u>	<input type="checkbox"/> Add
		<u>Ste 400 Jacksonville</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 32246</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>MFT PCLTD</u>	<u>9995 GATE PARKWAY</u>	<input type="checkbox"/> Add
		<u>Ste 400 Jacksonville</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 32246</u>	<input type="checkbox"/> Change
<u>P</u>	<u>Michael Pollard</u>	<u>9995 GATE PARKWAY</u>	<input checked="" type="checkbox"/> Add
		<u>Ste 400 Jacksonville</u>	<input type="checkbox"/> Remove
		<u>FL 32246</u>	<input type="checkbox"/> Change
<u>D</u>	<u>Michael Pollard</u>	<u>1201 Ponte Vedra</u>	<input checked="" type="checkbox"/> Add
		<u>Blvd, Ponte Vedra</u>	<input type="checkbox"/> Remove
		<u>Beach, FL, 32082</u>	<input type="checkbox"/> Change
<u>I</u>	<u>MIDSTATE TRUST II</u>	<u>1100 N MARKET ST</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 1300 Wilmington</u>	<input type="checkbox"/> Remove
		<u>DE 19801</u>	<input type="checkbox"/> Change

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

Trust Has Been up Dated Michael Pollard  
Is Beneficiary = Trustee = and new owner

FILED  
2024 FEB - 7 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

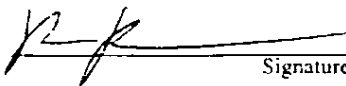
E. Effective date, if other than the date of filing: feb - 7 - 2024 (optional)

(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 Feb-7-2024



Signature of a member or authorized representative of a member

Michael Pollard owner of the Delaware Business Trust.  
Typed or printed name of signer