# L17000216052

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<del>-</del>	

Office Use Only



600306299626

12/19/17--01001--025 \*\*25.00



17 DEC 19 PN 12: 30

B FIGUEROA DEC 19 2017

## **COVER LETTER**

	Enterprises, LLC.				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Dina Russell				
		Name of Person	<del></del>		
	Eagle Eye Enterprises, LLC	C.			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del> </del>		
	2208 Idlewild Rd				
	Address				
	Palm Beach Gardens, FL 3	3410			
		City/State and Zip Code			
	eagleeye1124@gmail.com				
		to be used for future annual report noti	lication)		
For further information of	concerning this matter, please co	ıll:			
Dina Russell		561 840-9135 at ()			
Name (	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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)		
MAIL	ING ADDRESS:	STREET/COURI	IER ADDRESS:		

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

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eagle Eye Enterprises, LLC.		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ibility Company were filed on 10/18/2017	and assigned
Florida document number 1.17000216052	··	
This amendment is submitted to amend the follo	wing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.IC."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
		<b>基份</b> 17
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, <u>en</u> i <u>ce address here</u> :	ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	10 30 E 30
	, Florida	
	City	Zin Coda

#### 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
AMBR	Frances Manresa	8100 Nashua Dr	
		Palm Beach Gardens, FL 33418	≅ Remove
			Change
MGRM	Dina Russell	717 7th Ct	
		Palm Beach Gardens, Fl. 33410	☐ Remove
		<u> </u>	
MGRM	Jamison Manresa	4160 Cottonwood Ave	
		Palm Beach Gardens, FL 33410	☐ Remove
			☐ Change
MGRM Carlos Manresa	Carlos Manresa	8100 Nashua Dr	
		Palm Beach Gardens, FL 33418	🗆 Remove
			☐ Change
		<del></del>	Add
			□ Remove
			17 Change
			Add PAdd PAdd PAdd PAdd PAdd PAdd PAdd
			Change

_	EIN Number: 82-2831820
	•
_	
_	
-	
_	
_	
_	
_	
-	
-	
_	
_	
_	
fecti n eff	ive date, if other than the date of filing:
ite:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
cum	en serieure date on the Department of State viceords.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ted	Dec 12th 2017.
ucu	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00