

9/20/2018

Division of Corporations

Florida Department of State
Division of Corporations
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(((H18000274684 3)))



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EO TRANSITIONS LLC

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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K. SALY

SEP 21 2018

H180002746843

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EO Transitions LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 12/13/2017 and assigned
Florida document number 117000255158.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal office 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)

1 N Illinois Street, Apt. 1901

Indianapolis, IN 46204

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Garry Karch	16802 Avila Boulevard	☐ Add
		Tampa, FL 33613	☒ Remove
AMBR	Garry Karch	1 N. Illinois Street, Apt. 1901	☒ Add
		Indianapolis, Indiana 46203	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 9/20, 2018

Garry Karch

Signature of a member or authorized representative of a member

Garry Karch, Member

Typed or printed name of signee

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Filing Fee: \$25.00

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