# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : 120080000061 Phone : (407)582-9830

Fax Number : (407)601-6393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTRAL EAGLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 1 8 2019

A. LUNT

### **COVER LETTER**

TO: 1	Registration Sec Division of Corp	tion porations			
		EAGLES LLC			
SUBJEC	T:	Name of Limite	d Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are subm	itted for filing.		
Please re	nun all correspo	ndence concerning this matter to	the following:		•
		MARIA PINHEIRO			
		ALPHA BUSINESS CONSU	Name of Person LTING, LLC		
		7022 CARLENE DR	Firm/Company		
		ORLANDO, FL 32835	Address		
		pinheiromaria@att.net	City/State and Zip Code	nion)	19 JAN 17 AK 9: 55
For furt	her information	E-mail address: (t concerning this matter, please ca	o be used for future annual report notified		AN L
	PINHEIRO		407 582-9830		FLO:
	Name	of Person	Area Code Daytime I	Telephone Number	07163
Enclose	d is a check for	the following amount:			
□ <b>\$</b> 25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Pee, Certificate of Stat Certified Copy (additional copy is end	

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

CENTRAL EAGLES LLC (Name of the Limit	ed Liability Compar	iy as it now appears lability Company)	on our records.)	
<del></del>	(A Florida Limited L	lability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on 02/1	6/2018	and assigned
lorida document number L180000042465				
his amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company her	g:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
	10249 MEADO\			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		WINTER GARD	EN, FL 34787	
				<del></del>
Enter new mailing address, if applicable:	10249 MEADO	W BROOK DR	, r o	
Mailing address MAY BE A POST OFFICE	WINTER GARD	EN, FL 34787		
MARKET TOTAL ENGINEERS AND ASSESSMENT OF THE PROPERTY OF THE P				
B. If amending the registered agent and	l/or registered o	ffice address on	our records, enter	the name of the
registered agent and/or the new registered o	ffice address her	<u>e</u> :		100
Name of New Registered Agent:	UIRA COLACO PINTO		ed	
New Registered Office Address:	10249 MEAD	OW BROOK DR		
		Enter Flori	da street address	
	WINTER GAF	RDEN	, Florida <sup>3</sup>	4787
		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

Page 1 of 3

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> ESTEVAN RODRIG DA SILVA, SR	Address 12969 BORLAND ST	Type of Action
MGR			
		WINDERMERE, FL 34786	■ Remove
			□ Change
AP	EDUARDO VENTURA DA SILVA. SR	12969 BORLAND ST	🗀 Add
		WINDERMERE, FL 34786	
			■ Remove
			Change
			□ Remove
			DiAdd PA
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change

E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and canact be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 [5].  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 filled.  NOVEMBER 06  Signature of a member or authorized representative of a member	). If amending any other information, enter change(s) here: (Attach additional sheets, if necession). NONE		
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Typed or printed name of signee	ESTEVAN RODRIG DA SILVA		

Page 3 of 3

Filing Fee: \$25.00