

L180000 42465

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 : I20080000061  
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 18 2019

A. LUNT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CENTRAL EAGLES 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:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

7022 CARLENE DR

Address

ORLANDO, FL 32835

City/State and Zip Code

pinheirmaria@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO at 407 582-9830  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

19 JAN 17 AM 9:55  
TALLAHASSEE, FLORIDA

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

CENTRAL EAGLES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/16/2018 and assigned  
Florida document number L180000042465.

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)

10249 MEADOW BROOK DR

WINTER GARDEN, FL 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10249 MEADOW BROOK DR

WINTER GARDEN, FL 34787

**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:

UIRA COLACO PINTO

New Registered Office Address:

10249 MEADOW BROOK DR

*Enter Florida street address*

WINTER GARDEN

, Florida 34787

*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

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>                      |
|--------------|------------------------------|----------------------|--|
| MGR          | ESTEVAN RODRIG DA SILVA, SR  | 12969 BORLAND ST     | <input type="checkbox"/> Add               |
|              |                              | WINDERMERE, FL 34786 | <input checked="" type="checkbox"/> Remove |
|              |                              |                      | <input type="checkbox"/> Change            |
| AP           | EDUARDO VENTURA DA SILVA, SR | 12969 BORLAND ST     | <input type="checkbox"/> Add               |
|              |                              | WINDERMERE, FL 34786 | <input checked="" type="checkbox"/> Remove |
|              |                              |                      | <input type="checkbox"/> Change            |
|              |                              |                      | <input type="checkbox"/> Add               |
|              |                              |                      | <input type="checkbox"/> Remove            |
|              |                              |                      | <input type="checkbox"/> Change            |
|              |                              |                      | <input type="checkbox"/> Add               |
|              |                              |                      | <input type="checkbox"/> Remove            |
|              |                              |                      | <input type="checkbox"/> Change            |
|              |                              |                      | <input type="checkbox"/> Add               |
|              |                              |                      | <input type="checkbox"/> Remove            |
|              |                              |                      | <input type="checkbox"/> Change            |
|              |                              |                      | <input type="checkbox"/> Add               |
|              |                              |                      | <input type="checkbox"/> Remove            |
|              |                              |                      | <input type="checkbox"/> Change            |

19 JAN 17 AM 9:55  
SCL

NONE

**Effective date, if other than the date of filing:** \_\_\_\_\_ (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 205.0207 (5)(b)

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JAN 17 AM 9:55  
U.S. DEPT. OF JUSTICE  
FBI

Dated NOVEMBER 06

2018

Signature of a member or authorized representative of a member

ESTEVAN RODRIG DA SILVA

Typed or printed name of signee