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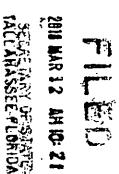
	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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Special Instructions	s to Filing Officer:
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HARRIS

COVER LETTER

TO:	Registration Sell Division of Corp			
GH D II		TERPRICES I LLC		
SUBJE	:CI:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subr		
Please	return all correspor	idence concerning this matter t	o the following:	
		Domingo Abinader, MBA.	EA	
			Name of Person	
		AB Multi Services and Inco	ome Taxes	
			Firm/Company	
		1901 S John Young Parkwa	ay Suite 103	
			Address	
		Kissimmee FL 34741		
			City/State and Zip Code	
		abmultiservices l@yahoo.co	m o be used for future annual report notif	antion)
For fu	ther information ec	oncerning this matter, please ca		icanon)
Domi	ngo Abinader		407 601-6524 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAGLE ENTERPRICES 1 LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/19/2018	and assigned
Florida document number L18000045114	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Eagle Recycling Services LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		全然 医 可
		Solution and American
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	tored office address on our research	anter the same of the new
B. If amending the registered agent and/or registered agent and/or the new registered office additional and additional additional and additional additiona	ress here:	Citi Citic Hame of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
THE PROPERTY OF THE PROPERTY.	Enter Florida street address	
	. Flor	-ida
	Cin:	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 Type of Action Title Name <u>Address</u> __ 🔲 Remove _____ Change _□ Add _____ ☐ Change __ 🗆 Remove _____ □ Remove □ Add ☐ Remove

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ote: If the date inserted in this block does becoment's effective date on the Department record specifies a delayed effect. The 90th day after the record is for the Narch 8.	not meet the applicable at of State's records. ive date, but not a	e statutory filing requir	ements, this date w	n the ear	sted as
ote: If the date inserted in this block does becoment's effective date on the Department record specifies a delayed effect. The 90th day after the record is for the Narch 8.	not meet the applicable at of State's records. give date, but not a filed.	e statutory filing requir	ements, this date w	n the ear	lier o
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ated	inot meet the applicable of State's records. live date, but not a filed.	e statutory filing requir n effective time, a	ements, this date w	n the ear	flier o

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Filing Fee: \$25.00