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Amend

APR 2 3 2019

I ALBRITTON

## **COVER LETTER**

Divisio	n of Corp	orations		
SUBJECT:	EAGLE PRE	MIER REALTY LLC		
			nited Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		JASC	ON ADLER	
			- Name of Person	
		EAGLE PREM	MIER REALTY LLC	
			Firm/Company	
		РОВ	OX 1651,	
			Address	
		OLDSMAR	FLORIDA 34677	
			City/State and Zip Code	
			ER@GMAIL.COM to be used for future annual report notifi	cation)
For further inforr	mation cor	cerning this matter, please ca	•	Cattony
JASON ADLER		at ( 813 ) 508-7526		
	Name of F	erson	Area Code Daytime	Telephone Number
Enclosed is a che	ck for the	following amount:		
<b>8</b> \$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:

TO:

**Registration Section** 

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

	0/01	()/
	(5)	
•	_ ^	, 9,09

## **EAGLE PREMIER REALTY 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 Liab	oility Company were filed on	03/29/2018	and assigned
Florida document numberL18000080454			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the de-	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	<u> </u>	our records, enter	the name of the n
Name of New Registered Agent:	- JASON ADELN		
New Registered Office Address:	600 CLEVELAND ST. SUIT	E 375	
		da street address	~ ~ ~ ~ ~
	CLEARWATER,	, Flo <b>rida</b>	33755
	City		Zip Code
New Registered Agent's Signature, if changing Re-	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper	•	. ,	

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>	Type of Action
AR	JASON ADLER	600 CLEVELAND ST. SUITE 375 CLEARWATER, FL 337	' <u>55</u> <b>⊠</b> Add
		18514 US 19 N STE A CLEARWATER, FL 33764	<b>⊠</b> Remove
			Change
			Remove
	•	<del></del>	Change
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			Remove
			□ Change

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an effective da lote: If the d	e, if other than the date of filing:	0207 d as
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie day after the record is filed.	er o
	ADDII 40TH 2040	
ated _	APRIL 12TH, 2019	
Dated	Signature of a member or authorized representative of a member	

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Typed or printed name of signee