

218000223458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

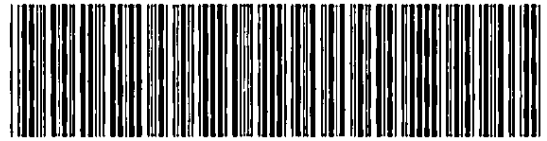
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2018 NOV -5 AM 10:17

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASTER EAGLE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLAUCIA BASTOS

Name of Person

THE TRUST CIRCLE SERVICES, LLC

Firm/Company

1001 EAST SAMPE ROAD 10E

Address

POMPANO BEACH FLORIDA 33064

City/State and Zip Code

ATENDIMENTO@THETRUSTCIRCLE.INFO

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

For further information concerning this matter, please call:

GLAUCIA BASTOS

954 245-9123

at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MASTER EAGLE, LLC

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

FILED
2018 NOV -5 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/20/2018 and assigned
Florida document number L18000223458.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

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 | NEWTON E BELUCCO | 1001 EAST SAMPLE ROAD | <input type="checkbox"/> Add |
| | | POMPANO BEACH FL 33064 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | NEWTON E BELLUCO | 1001 EAST SAMPLE ROAD 10E | <input type="checkbox"/> Add |
| | | POMPANO BEACH FL 33064 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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[illegible]

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated AUGUST 24TH 2018

MANAGER

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Filing Fee: \$25.00