

L19000040454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

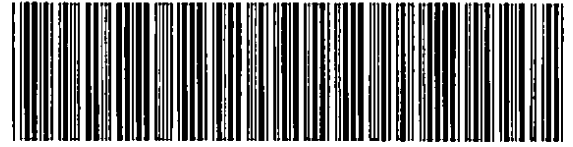
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800378312138

12/27/21--01015--019 **25.00

FILED
2021 DEC 27 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL

JAN 05 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MONTEAGLE ACQUISITIONS LIMITED LIABILITY COMPANY
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:

MATTHEW HYNES

Name of Person

MONTEAGLE ACQUISITIONS LIMITED LIABILITY COMPANY

Firm/Company

10714 PALMETTO ST

Address

RIVERVIEW, FL 33569

City/State and Zip Code

MYHYNES1988@YAHOO.COM

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

For further information concerning this matter, please call:

MATTHEW HYNES

Name of Person

at (585)

Area Code

943-1915

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 DEC 27 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FL

MONTEAGLE ACQUISITIONS LIMITED LIABILITY COMPANY

(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 02/15/2019 and assigned Florida document number L19000040454.

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:

2422 MEADOW COVE BLVD

(Principal office address MUST BE A STREET ADDRESS)

MELBOURNE, FL 32935

Enter new mailing address, if applicable:

2422 MEADOW COVE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

MELBOURNE, FL 32935

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:

MATTHEW HYNES

New Registered Office Address:

2422 MEADOW COVE BLVD

Enter Florida street address

MELBOURNE

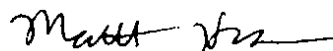
City

Florida 32935

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	MATTHEW HYNES	2422 MEADOW COVE	<input type="checkbox"/> Add
		MELBOURNE, FL 32935	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	WILLIAM MCKNIGHT	10714 PALMETTO ST	<input type="checkbox"/> Add
		RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STAVROS MAROU	91 LONGSWORTH DR	<input checked="" type="checkbox"/> Add
		ROCHESTER, NY 14625	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. 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 605.0207 (3)(b)

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 filed.

Dated DECEMBER 01, 2021

Matthew Hynes

Signature of a member or authorized representative of a member

MATTHEW HYNES

Typed or printed name of signee