

L19000147003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

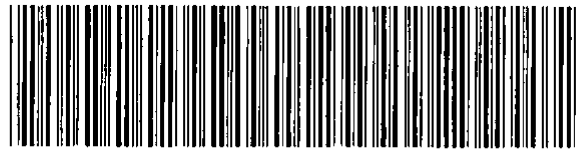
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

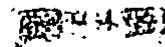
Office Use Only



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06/26/23--01020--003 **25.00

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TALLAHASSEE, FL
2023 JUN 26 PM 5:02



R. HUNT

06/26/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eagle Merchant Solutions, 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:

Neshor Obarrio
Name of Person

Eagle Merchant Solutions, LLC
Firm/Company

650 E 31st street
Address

Hialeah, FL 33013
City/State and Zip Code

Neshorobarrio@yahoo.com
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE, FL

2010 JUN 26 PM 5:02

FILED

For further information concerning this matter, please call:

Neshor Obarrio at (305) 957-1801
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Eagle Merchant Solutions, LLC

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 add 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	Nestor R. Obarrio	650 East 31st Street	<input type="checkbox"/> Add
		Hialeah, FL 33013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JAN 25 PM 5:02
CLERK OF STATE
TALLAHASSEE, FL

FD
2021 JUN 26 PM 5:02
CLAY COUNTY STATE
LABORATORY, FL

ED
2023 JUN 25 PM 5:02
U.S. STATE
CLASSEE, RL

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.

Dated June 20th, 2023

Nestor R. O'Brien
Typed or printed name of signee

Filing Fee: \$25.00