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| (Requestors Name)  |
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| (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: |
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| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |
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## **COVER LETTER**

TO:

|                | egistration Sect<br>ivision of Corpo                             |  |   |                               |  |        |
|----------------|--|--|---|-------------------------------|--|--------|
| SUBJECT        | : <u> </u>   | e Merchant Su<br>Name of Lim                 | lutions, LLC  |                               |  |        |
|                | <u> </u>   | Name of Lim                                  | ited Liability Company  |                               |  |        |
| The enclose    | ed Anicles of Ai   | mendment and fee(s) are sub                  | mitted for filing.  |                               |  |        |
| Please retu    | m all correspond   | lence concerning this matter                 | to the following:   |                               |  |        |
|                |  | bester                                       | Obaccio<br>Name of Person   |                               | _  |        |
|                |  | Eagle  | Merchant Subtrons Firm/Company                                      | ,111                          | 15.0<br>(1.0<br>(1.0<br>(1.0<br>(1.0<br>(1.0<br>(1.0<br>(1.0<br>(1 | ·<br>• |
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|                |  |  | Address   |                               | FM J. CE<br>18SEE, FL  | o i    |
|                |  | Hiales                                       | h, FL 33013<br>City/State and Zip Code                              |                               | TATE   | 3      |
|                |  | Vestvobe<br>E-mail address: (                | to be used for future annual report no                              | otification)                  |  |        |
| For further    | information con  | cerning this matter, please ca               |   | ·                             |  |        |
| <u> Ne</u>     | eshir onc  |  | at (305) 957<br>Area Code Dayt                                      | - 1901                        |  |        |
|                | Name of P  | erson  | Area Code Dayt  | ime Telephone Numb            | er   |        |
| 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) | Certifie                      | rate of Statu  |        |
| Re<br>Di<br>P. | ailing Address:<br>egistration Sectivision of Cor<br>O. Box 6327 | porations                                    | Street Address:<br>Registration S<br>Division of C<br>The Centre of | orporations<br>Tallahassee    |  |        |
| l a            | allahassee, FL   | . 32314                                      | Tallahassee, F  | roe Street, Suite<br>FL 32303 | 810  |        |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Eagle Merchan  | A Subtions, LLC   |
|--|---|
| (Name of the Limited Liability Comp.<br>(A Florida Limited   | nany as it now appears on our records.) I Liability Company)        |
| The Articles of Organization for this Limited Liability Compan   | y were filed on <u>UG   U3   2019</u> and assigned                  |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited lia   | bility company here:  |
| The new name must be distinguishable and contain the words "Limited Lial   | bility 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)  |   |
|  | (A)   |
|  | · · · · · · · · · · · · · · · · · · ·                               |
| Enter new mailing address, if applicable:  | 127- A3   |
|  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
|  |   |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, enter the name of the new registe         |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | Enter Florida street address  |
|  | , Florida   |
| <del></del>  | City Z.ip 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 a 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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | Address            | Type of Action                          |
|--------------|-------------------|--------------------|---|
| MGR          | hester R. Obarrio | 650 Earl 314 Sheet | □Add                                    |
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| ective date, if other than the date of filing:   | (option                               | al)                |               |
| effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or meter. If the date inserted in this block does not meet the applicable statutory filing. | ore than 90 days after fil            | ing.) Pursu        | ant to 605.0  |
| ument's effective date on the Department of State's records.   | g requirements, ons e                 | ate will li        | or be fisice  |
|  |                                       |                    |               |
| cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of filed.  | on the earlier of: (b)                | The 90th           | day after t   |
|  |                                       |                    |               |
|  |                                       |                    |               |
| ed June 20m, 2023  |                                       |                    |               |
| ed June 20m 2023   |                                       |                    |               |

Filing Fee: \$25.00