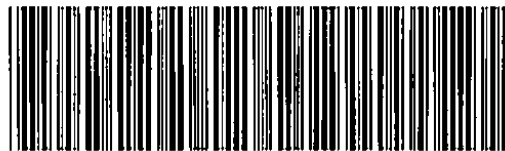


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 26 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLES EMPOWERMENT NETWORK 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:

JOSEPH J PAUL

Name of Person

EAGLES EMPOWERMENT NETWORK LLC

Firm/Company

5436 BAY BERRY HOMES RD

Address

ORLANDO, FL 32811

City/State and Zip Code

EAGLESEMPowermentNetwork@GMAIL.COM

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

For further information concerning this matter, please call:

AMOS NORTILIEU

407

591-2401

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 ORGANIZATION
TO
ARTICLES OF ORGANIZATION
OF

2019 JUN 17 PM 3:05

EAGLES EMPOWERMENT NETWORK 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 Liability Company were filed on JUNE 12, 2019 and
Florida document number L19000155209.

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

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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SUNITA R MOHAN

New Registered Office Address:

892 N JACK'S LAKE ROAD

Enter Florida street address

CLERMONT

Florida

34711

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.

SUNITA R Mohan

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Typ</u> |
|--------------|----------------|-------------------------|-------------------------------------|
| AT | SUNITA R MOHAN | 892 N JACK'S LAKE ROAD | <input checked="" type="checkbox"/> |
| | | CLERMONT, FL 34711 | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| ACEO | JOSEPH J PAUL | 5436 BAY BERRY HOMES RD | <input type="checkbox"/> |
| | | ORLANDO, FL 32811 | <input type="checkbox"/> |
| | | | <input checked="" type="checkbox"/> |
| P | AMOS NORTILJEN | 2717 MAITLAND CROSSING | <input type="checkbox"/> |
| | | WAY, APT 4-208 | <input type="checkbox"/> |
| | | ORLANDO, FL 32810 | <input checked="" type="checkbox"/> |
| S | RENOT FRANCOIS | 7449 COUNTRY RUN PKWY | <input type="checkbox"/> |
| | | ORLANDO, FL 32810 | <input type="checkbox"/> |
| | | | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> |

or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Typ</u> |
|--------------|--------------------|-------------------------|--|
| AP | GUITO LEGER | 5436 BAY BERRY HOMES RD | <input type="checkbox"/> |
| | | ORLANDO, FL 32811 | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| AP | SAINTALES CELESTIN | 5436 BAY BERRY HOMES RD | <input type="checkbox"/> |
| | | ORLANDO, FL 32811 | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| AP | WILFRID PIERRE | 5436 BAY BERRY HOMES RD | <input type="checkbox"/> |
| | | ORLANDO, FL 32811 | <input checked="" type="checkbox"/> R |
| | | | <input type="checkbox"/> CI |
| AP | LOZERE EXILUS | 5436 BAY BERRY HOMES RD | <input type="checkbox"/> Ac |
| | | ORLANDO, FL 32811 | <input checked="" type="checkbox"/> Re |
| | | | <input type="checkbox"/> CI |
| | | | <input type="checkbox"/> Ac |
| | | | <input type="checkbox"/> Re |
| | | | <input type="checkbox"/> CI |
| | | | <input type="checkbox"/> Ac |
| | | | <input type="checkbox"/> Re |
| | | | <input type="checkbox"/> Ch |

