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## **COVER LETTER**

TO: Registration So Division of Cor			
	ACATION HOMES LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rangel Miyamoto		
		Name of Person	
	Fagle Vacation Homes		
	<del></del>	Firm/Company	****
	420 Ridgemont Loop		
	<del></del>	Address .	
	Davenport, FL 33897		
	rangelmiyamoto@gmail.co	City/State and Zip Code m	
	E-mail address: (	to be used for future annual report notific	ation)
For further information of	concerning this matter, please ca	all:	
Gabriela Miyamoto		407 800-4385	
Name o	of Person	at () Area Code Daytime 1	Felephone Number
Enclosed is a check for the	he 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		Street Address: Registration Secti	ion

P.O. Box 6327
Tallahassee, FL 32314

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

#### EAGLE VACATION HOMES LLC

( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our recor lorida Limited Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liabil Florida document number		and assigned
This amendment is submitted to amend the following	ā:	P. 22
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	•	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Q	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		Florida
_	City . P	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 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>	Type of Action
MGR	Gabriela Miyamoto	420 Ridgemont Loop, Davenport, FL 33897	
			□Remove
			□Change
MGR	Rangel Miyamoto	420 Ridgemont Loop, Davenport, FL 33897	<b>=</b> Add
			□ Remove
			□Change
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ective date, if other than the	e date of filing:	(optional)	urcuant to 605 020
e: If the date inserted in this b	lock does not meet the applicable statutor	ry filing requirements, this date wi	ll not be listed a
ument's effective date on the D	repartment of State's records.		
oord specifies a delayed effectiv	ve date, but not an effective time, at 12:01	Laim on the earlier of: (b). The S	Oth day after th
filed.	C date, out not an orrown of time, at 12.00	t difficulties control of the first	on any anor m
May 19	2020		
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	Signature of a member or authorized represent		
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