

L20 000039968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

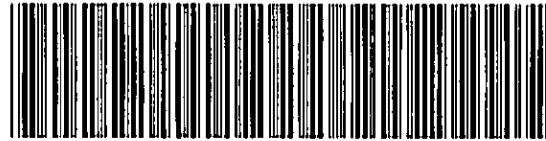
(Business Entity Name)

(Document Number)

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2020 NOV 16 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

LA.  
12/18/20

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: BLUE EAGLE HOUSE 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:

Jeannette Endara

\_\_\_\_\_  
Name of Person

AA EXPRESS SERVICES INC

\_\_\_\_\_  
Firm/Company

410 S POWERLINE RD

\_\_\_\_\_  
Address

DEERFIELD BEACH FL 33442

\_\_\_\_\_  
City/State and Zip Code

aaexpressservices@gmail.com

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

For further information concerning this matter, please call:

Jeannette Endara

954 596 0323  
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 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**

BLUE EAGLE HOUSE 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 \_\_\_\_\_ and assigned Florida document number L20000039968.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

(Principal office address MUST BE A STREET ADDRESS)

2385 NW EXECUTIVE CENTER DR

SUITE 100

BOCA RATON FL 33431

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2385 NW EXECUTIVE CENTER DR

SUITE 100

BOCA RATON FL 33431

**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:

N/A

New Registered Office Address:

\_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, Florida

\_\_\_\_\_  
*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.*

\_\_\_\_\_  
**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>
AMBR	DEIK GROUP LLC	1723 SW 2ND AVE APT 903	<input type="checkbox"/> Add
		MIAMI FL 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEIK, EMILIO V	CARLOS LIRA INFANTE 1130A APT 404	<input type="checkbox"/> Add
		LAS CONDES SANTIAGO, CL 75705-77 CL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AUAD, ANA M	CARLOS LIRA INFANTE 1130A APT 404	<input checked="" type="checkbox"/> Add
		LAS CONDES SANTIAGO, CL 75705-77 CL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AUAD, ANA M	AV MONSEÑOR ESCRIVA DE BALAGUER	<input checked="" type="checkbox"/> Add
		9155 EDIF. QUILLAY APT 74 VITACURA	<input type="checkbox"/> Remove
		SANTIAGO CHILE 7630000	<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

N/A

(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)

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 NOVEMBER 03 2020

Chris Lee Hayes By Anna H. Auzad  
Signature of a member or authorized representative of a member

Elvira Ramirez

Typed or printed name of signee

**Filing Fee: \$25.00**