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GONZALEZ AND ASSOC

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**COVER LETTER** 

## TO: Registration Section Division of Corporations

## EAGLE MOLD SOLUTIONS LLC

SUBJECT:

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:

ANTONIO GONZALEZ

Name of Person

GONZALEZ & ASSOCIATES III PA

Firm/Company

1820 N CORPORATE LAKE BLVD SUITE 107

Address

WESTON, FL 33326

City/State and Zip Code

agonzalez@amefinancialgroup.com

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

For further information concerning this matter, please call:

ANTONIO GONZALEZ 954 773-7286 at (\_\_\_\_\_) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

🛢 \$25.00 Filing Fee

S30.00 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 exclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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12/28/2021	09:09	9545268825		GONZALEZ AND ASSOC	PAGE 03
		<b>Al</b>		AMENDMENT	
		AR	TICLES OF (	ORGANIZATION	
			C	H210004	68913 3
			EAGLE MOLD SOL	UTIONS LLC	
		(Name of the Lin	nited Lizbility Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	140 2
Florida docun This amendme	ent numbe ent is subm	er <u>L20000076061</u>	llowing:	were filed on 03/09/2020	FILED 21 DE 28 PH 2: 13 CANGARY OF STATE LANASSEE, FLORIDA
The new name m	ust be disting	guishable and contain the	words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviation "L.L.C."
		ices address, if appl		395 NW 8601 PLACE APT 3	
(Principal off	ice address	MUST BE A STRE	<u>ET ADDRESS)</u>	MIAMI, FL 33185	
Enter new ma	ailing addi	ress, if applicable:		395 NW 86th OLACE APT 3	
(Mailing address MAY BE A POST OFFICE BOX)				MIAMI, FL 33126	
agent and/or 1	<u>the new re</u>	stered agent and/or gistered office addr legistered Agent:	ess here:	address on our records, <u>enter the na</u> ASSOCIATES III PA	ime of the new registered
New	Registered	Office Address:	1820 N CORPO	DRATE LAKE BLVD SUITE 107	

, Florida <u>33326</u> 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.

City

WESTON

If Changing Registered Agent, Signature of New Registered Agent

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Enter Florida street address

GONZALEZ AND ASSOC

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

Title

MGR

AMBR

AMBR = Authorized Member

<u>Name</u>

YANINA BANEGAS

ELAINE J. BARBOSA

Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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