

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	<u> </u>
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	Office Use Only S.C.	212



08/23/21--01033--011 **25.00



COVER LETTER

TO: Registration Section

Division of Corp	porations		
EAES SERV	VICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	MIREYA RUANO, LCB		
		Name of Person	·····
	EAES SERVICES LLC		
		Firm/Company	
·	8292 NW 21ST ST		
		Address	
	DORAL, FL 33122		
		City/State and Zip Code	
	m.ruano@fasttrackgroup.us E-mail address: (to be used for future annual report notification	on)
For further information co	oncerning this matter, please c		
MIREYA RUANO, LCB		305 728-7801	
Name of	Person	at () Area Code Daytime Tele	phone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Fiting Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassec, FL 323	tions hassee eet, Suite 8\$0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it <u>now appears on our records.</u>) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number <u>L20000096599</u>	v were filed on $\frac{04/06/2021}{}$ and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	8292 NW 21st ST
Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33122
nter new mailing address, if applicable:	8292 NW 21st ST
Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33122
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

Ciiy

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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	MIREYA RUANO, LCB	8292 NW 21st ST	■ Add
		DORAL, FL 33122	□Remove
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ote: If the date inserted in this block beament's effective date on the Depar	does not meet the app	plicable statute	ory filing require	ements, this da	te willmot b	c listed :
edition is effective date on the Deput	their of state a reco	rus.			24	_
record specifies a delayed effective da	to but not an affordin	e time at 10:0	Il a moan the ea	rlier of: (b)	Pho OOth day	dt rofte t
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