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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EAG REALT 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:
Edwin A. Garcia Name of Person
Edwin A. Gazcia Firm/Company
1073 NE 16 AVe. 图 图 图 1
Homestead, FL 33033 & 6 F
Homestead, FL 33033 83 6 City/State and Zip Code Edwin Garcia REOG mail Com E-mail address: (to be used for future annual report notification) English this matter please call:
For further information concerning this matter, please call:
Eclwin Garcia at 646 578-4878 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$Certificate of

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAG OFAITH HIC

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(<u>Name of the Limited Liability C</u> (A Florida Li	Lompany as it now appears on (mited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com		5/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
Edwin A. Garcia LL	_C		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	ation "LI.C" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:		-4 	20
(Principal office address MUST BE A STREET ADDRES	<u></u>		20
		二 二 1	
		Solation (5
Enter new mailing address, if applicable:		ूर्ल टूर्न जा	
(Mailing address MAY BE A POST OFFICE BOX)		10H 10H 10H	က် 💮
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B. If amending the registered agent and/or registered of agent and/or the new registered office addross here:	ffice address on our record	is, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florida st	reet 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 amanding 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>	Name	Address	Type of Action
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			□Remove
			Change
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