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COVER LETTER

TO: Registration So Division of Co			t
EION SUBJECT:			
, , , , , , , , , , , , , , , , , , ,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RACQUEL CATO JOHS?	NON	
		Name of Person	
	EION CORPORATION		
		Firm/Company	
	7368 HABBERSHAM DR		
	<u></u>	Address	
	ORLANDO FL, 32818		
		City/State and Zip Code	
	RCATO06@YAHOO.COM		
For further information of	e-man address: (to be used for future annual report notif	ication)
RACQUEL CATO JOH	- ,	470 469 6945	
·	of Person	at ()	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

EION CORPORATION

(A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on JUNE 30 2020	and assigned
Florida document number L20000184154	·	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
EION LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the r</u>	name of the new registe
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address , Florida	Zip Code

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			☐ Change
			□Remove
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If an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fil	d 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 led.
Dated	08-03-2020
i zaicu	
	Signature of a member or authorized representative of a member
	digitatore of a memori of authorized representative of a memori

Filing Fee: \$25.00