L20000223533

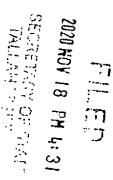
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	N EAGLE GENERAL CONS	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOEL GOENAGA		
		Name of Person	
	AMERICAN EAGLE GE	NERAL CONSTRUCTION, LLC	
		Firm/Company	
	10525 SW 178 ST		
		Address	
	MIAMI, FL 33157		
		City/State and Zip Code	
	JOEL@AMERICANEAGL	EGENERALCONSTRUCTION.CO	M
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please co	all:	
JOEL GOENAGA		786 5384204 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section Corporations C7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN EAGLE GENERAL CONSTRUCTION, LLC

(Name of the Lim	(A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited I Florida document number L20000223533	iability Company were filed on	1/11/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company l	<u>nere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	20	202
	<u></u> .	<u></u>	VOIR 0202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7 14	
		<u> </u>	<u> </u>
			<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office address.	0	records, <u>enter the name o</u>	f the new register
Name of New Registered Agent:	JOEL GOENAGA		
New Registered Office Address:	10525 SW 178 ST		
	Enter Fl	orida street address	
	MIAMI	, Florida ³³¹⁵⁷	
	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>	Name	<u>Address</u>	Type of Action
MGR	LEONARDO DE ARMAS	10525 SW 178 ST	
		MIAMI, FL 33157	■Remove
			□Change
MGR	JOEL GOENAGA	10525 SW 178 ST	≣ Add
		MIAMI, FL 33157	□ Remove
			□Change
			□Add
		··	□Remove
			□Change
			□ Remove
	·		Change
			□Add
	****	Remove	
			☐ Change
			□Add
	 	Remove	

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Effective date, if other than the (If an effective date is listed, the date management in this document's effective date on the	ust be specific and cannot be prior to date of filing or more than 90 deblock does not meet the applicable statutory filing requirement Department of State's records.	_ (optional) lays after filing.) Pursuant to 605.0207 (3) ents, this date will not be listed as the
the record specifies a delayed effect cord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
Dated	, 2020	
	Signature of a member or authorized representative of a member	
LEONADISO ISE ADA	MAC	
LEONARDO DE ARI	MAS Typed or printed name of signee	

Filing Fee: \$25.00