## L20000371536

(Requestor's Name)		
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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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## **COVER LETTER**

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CHD 1E4	-	X REALTY LLC		
SUBJE	UI;	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		DOUGLAS M MCKENZI	Е	
			Name of Person	
		EAGLEMAX REALTY L	LC	
			Firm/Company	<del></del>
		PO BOX 2837		
		···	Address	
		BRANDON, FL 33509		
		douglas@eagleusarealty.co	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
DOUGL	AS MCKENZIE		954 812-9608	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	e following amount:		
□ <b>\$</b> 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 S		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

EAGLE-USA REALTY LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L^{20000271536}}{L^{20000271536}}$ .	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
EAGLEMAX REALTY LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.IC."	
Enter new principal offices address, if applicable:	principal offices address, if applicable: 10021 COURTNEY PALMS BLVD. UNIT 30		
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33619		
		2021	
Enter new mailing address, if applicable:	PO BOX 2837	FR & T	
(Mailing address MAY BE A POST OFFICE BOX)	BRANDON, FL 33509	28	
	-		
B. If amending the registered agent and/or registered office :	address on our records, <u>ente</u>	· · · · · · · · · · · · · · · · ·	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	r rr		
	Enter Florida street 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 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
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