L20000396701

(Requestor's Name)
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SECRETARY OF STAT

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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	BLUE EAC	GLE HOLISTIC, LLC				
SOBJECT.		Name of Lim				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Maritza Irigoy				
			Name of Person			
						
476 Eagle Circle						
			Address			
Casselberry, FL 32707						
			City/State and Zip Code			
		blueeagleholistic@gmail.co				
For further in	nformation co	e-mail address: (to be used for future annual report notifi all:	cation)	2024 AUG 16 PH SECRETARY OF TALLAHASSE	سب ء- ا ا
Maritza Irigo	у		407 437-1213 at ()		HATE BLAS PE 16	2 may 100 1
	Name of	Person		Telephone Number	2024 AUG 16 PM 2: SECRETARY OF ST	T
Enclosed is a	check for th	e following amount:			: 56 TAT FL	
≣ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Sectin Section Section Section Section Section Section Section Section	g Fec, of Status &	

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Registration Section

TO:

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

BLUE EAGLE HOLISTIC, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/21/2020}{12}$ and assigned Florida document number _____L20000396701 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Leandra Valdes Name of New Registered Agent: 476 Eagle Circle 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.

City

Casselberry

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>	<u>Name</u>	Address	Type of Action
MGR	Leandra Valdes	476 Eagle Circle, Casselberry, FL 32707	■Add
			Remove
			Change
AMBR	Maritza Irigoy	476 Eagle Circle, Casselberry, FL 32707	🗆 Add
			Remove
			≡ Change
			□ Add
			Remove
			Remove TALLAHINGSEE, RPTTOWN TALLAHINGSEE, R
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Filing Fee: \$25.00