NZ1000183369

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: E.O.S 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:
Mindy Hewitt Name of Person
E.O.S LLC Firm/Company
5460 E. arthur St.
Inverses, FL 34452 City/State and Zip Code
tellyh52@gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mindy Hewith at (352) 770-2362 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. 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

6.0.5	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LQ1000183369</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Mindy Howitt 3
(Principal office address MUST BE A STREET ADDRESS)	Mindy Hewitt 35 5460 E. arthur Sta
	Inverness, FC 34452
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	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 a 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member **Address Type of Action** Title Name Mindy Hewitt 5460 E. arthur St NAdd 34452 ☐ Change JUGNES FL 34452 Remove AMBR Telly Habitt □Add □ Remove □ Change \square Add □ Remove □ Change \square Add Remove _ □Change □Add

☐ Remove

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Effective date, if other than the date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.02
Note: If the date inserted in this block does not meet the applicable statu	atory filing requirements, this date will not be listed
document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12	t:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
Dated $6/29/2021$	
Dated 6/29/2021	
Signature of a member or authorized repr	

Typed or printed name of signee