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MASSEE, FL

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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
		le Group, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
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:	
		Eddy Carlyle		
		-	Name of Person	
		Eddy Carlyle, LLC		
			Firm Company	
		3870 Estero Bay LN		
		****	Address	
		Naples, FL, 34112		
			City/State and Zip Code	
		eddyjcarlyle@gmail.com		
			to be used for future annual rep	ort notification)
For further in	aformation c	oncerning this matter, please co	all:	
Eddy Carlyl	e		917 687-1 at ()	
-	Name of	f Person	Area Code	Daytime Telephone Number
Enclosed is a	i check for th	ne following amount:		
≡ \$25,00 t	Himg Fee	☐ \$30,00 Filing Fee & Certificate of Status	T. \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		<u>Street Addı</u> Registrati	ress: on Section
Div	vision of C	orporations	Division of	of Corporations
), Box 632 Habasson J			e of Tallahassee Approe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eddy Carlyle Group, LLC				
(Name of the Lim	ited Liability Compan (A Florida Limited L	y as it now appears on o jability Company)	ur records.)	
he Articles of Organization for this Limited 1		were filed on $\frac{10/08/20}{2}$	21 and assign	ned
lorida document number L21000441379				
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited liabil	lity company here:		
ddy Carlyle, LLC				
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designat	tion "LLC" or the abbreviation "L.L.C	C.''
nter new principal offices address, if appli	icable:			
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>		2	—
			2024 FEB	
nter new mailing address, if applicable:			- N	-
Mailing address MAY BE A POST OFFICE	E <u>BOX)</u>		A: 0	-
				<u>:</u>
				,
. If amending the registered agent and/or	registered office a	ddress on our record		regist
gent and/or the new registered office addr	ess here:			
Name of New Registered Agent:	Advanced Tax A	Advisors		
New Registered Office Address:	777 Brickell Av	e #500-96094		
		Enter Florida str	vet address	
	Miami		, Florida <u>33131</u>	

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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
	<u></u>		
			□Remove
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lf an effe <u>Note:</u>	trive date, if other than the date of filing:
rd is tib	
Dated _	February 14th 2024 Child Palish
	Signature of a member or authorized representative of a member
	Eddy Carlyle

Typed or printed name of signee