## 122000040183

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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

T. MATTHEWS APR 19 2022

## **COVER LETTER**

TO: Registrat Division	Section Corporations	
EO (	IPANY, LLC	
	Name of Limited Liability Company	
The enclosed Artic	of Amendment and fee(s) are submitted for filing.	
Please return all co	spondence concerning this matter to the following:	
	ERIKA REGAN	
	Name of Person	
	EO COMPANY, LLC	
	Firm/Company	
	13064 MEADOWBREEZE DR	
	Address	
	WELLINGTON, FL 33414	
	City/State and Zip Code erikaoli1202@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	concerning this matter, please call:	
ERIKA REGAN	561 373-7479 at ()	
	e of Person Area Code Daytime Telephone Number	-
Enclosed is a chect	the following amount:	
☐ \$25.00 Filing	Solution Filing Fee & Solution Status Solution Filing Fee & Solution Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	status &
<u>Mailing A</u> Registra	ress: Street Address: Registration Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

EO COMPANY, LLC

122 APR -5 PM 3: 00

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(IVI MINES )	company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000040183</u>	were filed on $\frac{01/20/2}{}$	022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "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)	<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our recor	ds, enter the name of the new regis
New Registered Office Address:		
	Enter Florida street address , Florida  City Zip Code	
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capa	city. I further agree to comply with

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 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
AMBR	Y ALEXANDRE DE OLIVEIRA	13064 MEADOWBREEZE DR	<b>≣</b> Add
		WELLINGTON, FL 33414	_
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			□ Add
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E. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be prior block does not meet the applic	to date of filing or more than 90 days able statutory filing requirements	optional) after filing.) Pursuant to 605.0207 (3)(1), this date will not be listed as the
If the record specifies a delayed effecti record is filed.	ve date, but not an effective ti	me, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated MARCH 30	2022		
	Lince	Din	
	Signature of a member or author	orized representative of a member	

Typed or printed name of signee