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TALLAHÄSSEE FLORIDA

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S. PRATHE:

COVER LETTER

TO:

FO: Registration Sec Division of Corp			
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SUBJECT: ビーチ・G	Name of Lim	at (407) 433-7947 Area Code Daytime Telephone Number mount: Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Catte of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	David Eag	ers	
	20	Name of Person	
1	5 20		(114)
	EGGERS IRC	Film/Company	ces cur)
	532 W. W.	ter Park St	
		Address	
	A-1 1 E	21 27804	
	Ul lando I	City/State and Zip Code	
	deaner 2011	ا ما ا	
!	E-mail address: (to bedised for future annual report not	ilication)
For further information co	neerning this matter, please c	all:	
1 -			
David Egg	ers	ar(<u>407) 433</u>	<u>-7947</u>
Name of	Person	Area Code Daytin	ne Telephone (Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fce &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	, , ,	
		(additional copy is enclosed)	
Mailing Address	-	Street Address:	
Registration S Division of Co		Registration Se Division of Co	
P.O. Box 6327		The Centre of	•
Tallahassee, F		2415 N. Monro	oe Street, Suite 810
		Tallahassee, FI	_ 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

				122
EGGERS PROFE	SSIDNAL S	ERVICES		
EGGERS PROFE (Name of the Limited	Liability Company a V Florida Limited Liabi	is it now appears on ou dity Company)	r records.)	- SS
(Trong Siling Black	y company)		
The Articles of Organization for this Limited Liab	bility Company we	re filed on Feb. 7	21,2022	_ and assigned
Florida document number L72 000824	191			H. SSEE Midassigned amidassigned ONIDA
This amendment is submitted to amend the follow	ving:			J
A. If amending name, enter the new name of t	the limited liability	company here:		
EGGERS PROFESSIONA	L SERVILE	15 LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability (Company," the designation	on "LLC" or the abbre	eviation "L.L.C."
Parameter de la 182 de dans de analisat	L l	مه ا		
Enter new principal offices address, if applical		No change		
(Principal office address MUST BE A STREET	<u> ADDRESS)</u> _	-		
				
Enter new mailing address, if applicable:	,	o chance		
(Mailing address MAY BE A POST OFFICE B	OV)	3		
Maining dauress MAT BE A FOST OFFICE BO	<u> </u>			
	_			
B. If amending the registered agent and/or regagent and/or the new registered office address		ress on our records	, enter the name	of the new registered
agent and/or the new registered office address	Here,			
1				
Name of New Registered Agent:	No change			
New Registered Office Address:	no change			
New Registered Office Address.	No anange	Enter Florida stre	et address	
		City	, Florida	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:

<u>Title</u>	Name	Address	Type of Action
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