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ALLARISSEE, FLORIDA

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AUG 2 5 2022

S. PRATHER

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
cup in com	EAGLES A	ADVISORY GROUP LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for liling	
			-	
Please return	all correspo	indence concerning this matter	to the following:	
		LEON PORRAS VALEN	CIA	
			Name of Person	<u></u>
		EAGLES ADVISORY GE	OUP LLC	
		· · · · · ·	Firm/Company	
		2065 CELEBRATION BL	VD	
			Address	
		CELEBRATION, FL. 347	47	
			City/State and Zip Code	
		teameaglesinsurance@outle		
		E-mail address: (to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please e	all:	
LEON PORRAS VALENCIA		NCIA	407 724-8942	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
☐ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address: Registration S	ection
-		orporations	Division of Co	
	. Box 632		The Centre of	Tallahassee
Tal	lahassee, I	FL 32314	2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	·			
EAGLES ADVISORY GROUP L	.LC			TILED NUM-9 AM 65.53 LANASSEE FLORIDA
(Name of the Lim	ited Liability Comp	pany as it now appears on I Liability Company)	our records.)	ا و ا
	(A Florida Limited	I Liability Company)		
		9.00 A	d E.k., 24, 2022	
The Articles of Organization for this Limited I	Liability Compan	y were filed on $\frac{8100 \text{ As}}{2}$	m reordary 24, 2022	_ क्रीते वृंदराहिति
Florida document number L22000098566				53 167
				
This amendment is submitted to amend the fol	llowing:			
4 16 amounding name and make a con-	. # A1 12 24 1.12	1. 11% I		
A. If amending name, enter the new name	ot the limited lia	bility company here:		
N/A				•
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the design	ation "LLC" or the abbro	viation "L.L.C."
Unton now principal officer address if and	:	N/A		
Enter new principal offices address, if appli				
<u>(Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>			
			_	_
			-	
Parton many mariffung addings of the continues.		N/A		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> E BOX)</u>			
B. If amending the registered agent and/or	registered office	address on our recor	ds, enter the name (of the new registered
agent and/or the new registered office addr	ess here:		ust the maine t	A the new regimered
-				
N. CM. D	N/A			
Name of New Registered Agent:				
New Registered Office Address:	N/A			
<u></u>		Enter Florida si	rect address	
		<i>(1)</i>	, Florida	7:
		Ciţv		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 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
AMBR	YHESIKA RODRIGUEZ	2065 CELEBRATION BLVD	≣ Add
		CELEBRATION, FL 34747	□Remove
			□Add
			El Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			∐Change
			
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f an effective da Note: If the da document's eff	ate is listed, the da ate inserted in t Tective date on	en the date of to the must be specifi this block does a the Department	tiling: ic and cannot not meet the t of State's	t be prior to dat e applicable : records.	e of filing or mo statutory filing	g requirement	s after fili s, this da	ng.) Pursu ite will ne	ot be liste	ed as
record specifi d is filed.	ies a delayed ef	ffective date, bu	t not an elfi	ective time, a	t 12:01 a.m. c	on the earlier	of: (b)	The 90th	day after	₹022 J
Dated	16		, 202;	2					A SSE	6- M
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		Signature	of a member	or authorized	representative	of a member			0-	α
		Signature	of a member	or authorized	representative	of a member			ORID	8: 53

Filing Fee: \$25.00