

h22 000 169582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

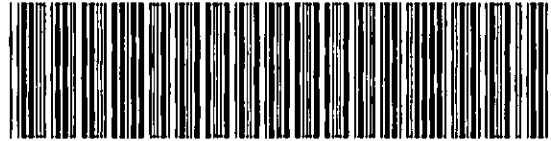
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JUN 24 2022

A. LUNT

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05/23/22 -- 01023 -- 002 -- 44.05.00

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INMOBILIARIA EAGLE WAY, 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:

Manuel A. Paucar CPA

\_\_\_\_\_  
Name of Person

Paucar Sistachs and Company, P.A.

\_\_\_\_\_  
Firm/Company

5825 Sunset Drive Suite 302

\_\_\_\_\_  
Address

South Miami, FL 33143

\_\_\_\_\_  
City/State and Zip Code

mpaucar@paucar-cpa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel A. Paucar CPA

305

665-0151

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

**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

## INMOBILIARIA EAGLE WAY, LLC

**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>	<u>Type of Action</u>
AMBR	CHESNUT HILL SAC	5825 SUNSET DR STE 302	<input checked="" type="checkbox"/> Add
		SOUTH MIAMI FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GERMAN GALLO ELIAS	5825 SUNSET DR STE 302	<input type="checkbox"/> Add
		SOUTH MIAMI FL 33143	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

1) If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Typed or printed name of signee