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COVER LETTER

TO: Registration Se Division of Cor			
	IARIA EAGLE WAY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Manuel A. Paucar CPA		
		Name of Person	-
	Paucar Sistachs and Comp	any, P.A.	
		Firm/Company	
	5825 Sunset Drive Suite 3	02	
		Address	
	South Miami, FL 33143		
		City/State and Zip Code	
	mpaucar@paucar-epa.com	to be used for future annual report notificati	on)
For further information of	concerning this matter, please c		 ,
Manuel A. Paucar CPA		305 665-0151	
Name o	f Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration (Street Address: Registration Section	n
Division of C		Division of Corpora	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

INMOBILIARIA EAGLE WAY, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number 1.22000169582	Company were filed on 4/8/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	tited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name of the new register
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida stree	t address
	City	Florida Zip Cod:

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	CHESNUT HILL SAC	5825 SUNSET DR STE 302	■Add
		SOUTH MIAMI FL 33143	□Remove
			□Change
MGR	GERMAN GALLO ELIAS	5825 SUNSET DR STE 302	□Add
	SOUTH MIAMI FL 33143	□Remove	
			□Add
		□Remove	
			Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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cum	ent's effective date on the Department of State's records.
recor	d 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
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	(MODO)
	Signature of a member or authorized representative of a member