Florida Department of State Division as Comportations Securonic Filling Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : I20070000037 Phone : (954)532-3842

Fax Number : (954)532-3847

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: paulo @ eagh - tax com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOGACA CONSULTANT LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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TQ:	Registration S Division of Co	ection rporations	*		5
SURJEC	FOGACA	CONSULTANT LLC			
		Name of L	imited Liability Company		
The enely	osed Articles of	Amendment and fee(s) are st	abmitted for filing,		
		ondence concerning this matte			
		PAULO OLIVEIRA			
		-	Name of Person		
		EAGLE TAX REPRESE	NTATION, CORP		
			Firm/Company		
		5493 WILES ROAD STI	105	•	
			Address		
		COCONUT CREEK, FL,	33073		
		paulo.rodriguespa@gmail.c	City/State and Zip Code		
		E-mail address:	(to be used for future annual o	cport notification)
For further	information ec	oncerning this matter, please o	all;		
PAULO O			954 532- at ()	3842	
	Name of	Person	Area Code	Daytime Teleph	ione Number
Enclosed is	a check for the	ofollowing amount:			
₩ \$25,00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>M:</u>	alling Address:		Cana a di di		

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, FI. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOGACA CONSULTANT LLC			
(Name of the Umited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 05/10/2022 Florida document number L22000191436	and	l assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)			
B. If amending the registered agent and/or registered office address on our records, enter the nar agent and/or the new registered office address here:	ne of the i	<u>iew reg</u>	<u>zistered</u>
	• • • • •	20	
Name of New Registered Agent:	• •	22 H	
		=	
New Registered Office Address: Enter Florida street address		$\frac{\omega}{2}$	<u> </u>
	* *	70	500
City Florida		-#:	:
New Registered Agent's Signature, if changing Registered Agent:	٠.	_ _	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag provisions of all statutes relative to the proper and complete performance of my duties, and I am		D nply wi	ith the

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>	Name	Address	Type of Action
AMBR	IONE FOGACA	4500 BRIARCLIFF LANE	_
		COCONUT CREEK, FL 33066	
			(Change
			□∧dd
			□Remove
			Change
			[]^dd
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			[]Change
			□ Add
			□Remove
			□ Change
-			DAdd
			□Remove
		—————————	□Change
			D'Add
			□Remove
			C)Change

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