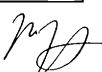
L72000214454

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Cir	ty/State/Zip/Phone	÷ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only





600392606526

22 MIC 17 PM 2: 1.0



1305 East PlantStreet Winter Garden, FL34787 (407) 656-4500 www.ortlawfirm.com

August 16, 2022

VIA FEDERAL EXPRESS

Division of Corporations Attention: Registration Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Re: Articles of Amendment to Articles of Organization to be filed

Eagles Claw, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Organization of Eagles Claw. LLC to be filed with the Division of Corporations. Also enclosed is our Firm's check number 3227 in the amount of \$25.00 representing the fee to process and file the Articles of Amendment.

Please contact our office if you have any questions.

Best regards.

Tracy Taylor

Tracy Taylor

Paralegal for the Firm

/tt

Enclosures

22 AUG 17 PM 2: LO

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations			
Eagles Cla	w, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brad Hester, Esq.			
		Name of Person		:
	The Ort Law Firm			22 AUG 1
Firm/Company				
	1305 E. Plant Street			22 AUG 17 PH 2: 40
	•	Address		
	Winter Garden, FL 34787			. 40
		City/State and Zip Code		
	E-mail address: (to be used for future annual report n	otification)	
For further information of	concerning this matter, please c	all:		
Brad Hester		407 656-4500 at (
Name o	f Person		ime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of \$ta Certified Copy (additional copy is e	atus &
Mailing Address		Street Address:	Section	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eagles Claw, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record ability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company villarida document number L22000214454	vere filed on 5/5/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22 22
(Principal office address MUST BE A STREET ADDRESS)		AUG
		917 917
		P
Enter new mailing address, if applicable:		7 2:4 7 2:4
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, <u>enter</u>	the name of the new regist
•		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Ciņ	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Johnny L. Dudley	11478 Pine Street	
		Jacksonville, FL 32258	■Remove
			Change
MGR Kimber L	Kimber L. Andrews	11478 Pine Street	■Add
		Jacksonville, FL 32258	□ Remove
			DAdd JIVISIOE IANG OF CHARLES
			Canada Sanata S
			□ Remove
			
			Change
			□Add
			□Remove
			□Change