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(Requestor's Name)	į
(Address)	"
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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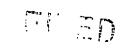
COVER LETTER

HO: Registration Section Division of Corporations
NUBJECT: Eagle Eyes Appare LCC Name of Limited List Billity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
P.case return all correspondence concerning this matter to the following:
Thomas Belisle Name of Person
Eagle Eyes Apparel LLC
1695 Concart Rd
Deltona FL 32738 City/State and Zip Code
E-mail address: (to be used for future annual port notification)
For turther information concerning this matter, please call:
Thomas Belisla at (754) 3(66-1866 Name of Person Area Code Daytime Telephone Number
Trelosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee. 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



tagle. Ches	Agazare	11 C
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appea ted Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Compared document number <u>L22000327589</u>	any were filed on 1	Noy 27, 2022 and assigned
this amendment is submitted to amend the following:		
L. If amending name, enter the new name of the limited I. ESA GOOD LLC Good ence name must be distinguishable and contain the words "Limited L.	B.A. Engli	Eves Approved)
Later new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·	
Unter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
b. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our r	ecords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Flor	rida street address
New Registered Office Address:		Florida
New Registered Office Address: New Registered Agent's Signature, if changing Registered Age	City	

If Changing Registered Agent, Signature of New Registered Agent

Mamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

\!GR =	Manager
\1BR =	Authorized Member

. i <u>tle</u>	<u>Name</u>	Address	Type of Action
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an effective date <u>lote:</u> If the dat	if other than the date is listed, the date must be species inserted in this block dottive date on the Department.	ecific and cannot be poes not meet the ap	prior to date of filing o plicable statutory fi	(opti r more than 90 days afte ling requirements, thi	r filing.) Pursuant to 605.029
record specifie is filed.	a delayed effective date.	, but not an effectiv	ve time, at 12:01 a.i	n, on the earlier of: (b)) The 90th day after th
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	/ real	1/1	- 1		
	Thoma	ture of a member or	authorized representat	ive of a member	