h22000342641

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
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TO:	Registration Sec Division of Corp				
SHRIE	_{ст.} Eagle1	Estates LLC			
SOBJE	C1 <u>U</u>		ited Liability Company		
				•	•
The end	losed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
		Corev	Maylew		
			Name of Person		
		Eagle 1	Estates LL Firm/Company	.C	
			Firm/Company		
		1919 Melissa	a Oaks Dr		
			Address		
		Gulf Bre	eze FC 32 City/State and Zip Code	LS63	
			City/State and Zip Code	e	
		groove	_1269aheo. Co	M	
For furti	ner information cor	ncerning this matter, please ca		н герогі воппсацов)	
	Corey M.	.yhen	at (\$50)_ Area Code	543-4472	
	Name of F	Person	Area Code	Daytime Telepho	one Number
Enclosed	is a check for the	following amount:			
□ `\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is er		\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	d Liability Company as it now appears on our A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L22000342641	bility Company were filed on 08/03/22	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered office address		enter the name of the new register
Name of New Registered Agent:	Corey Mayhew	
New Registered Office Address:	LOTEY Mayhew 1919 Melissa Oaks Dr Enter Florida street	address
	Gulf Breeze	. Florida 32563 Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Fadled Estates LLC

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, 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
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			Remove
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			□Remove
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	August	19	. 2022	<u>~</u> .				
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ted		Signature of a	member or auth	horized represent	ative of a membe	er		