6892180977 6-Aug-2024 19:21 All7 Service LLC p.1

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000264835 3)))



H240002648353ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

£rom:

Account Name : ALL7 SERVICE LLC Account Number : 120240000077 : (407)970-8143 Phone Fax Number : (689)218-0977

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

| Email | Address: | | | | |
|-------|----------|--|--|--|--|
| | | | | | |

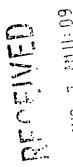
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EAGLE007 US LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

Electronic Filing Menn — Corporate Filing Menu

Help

K. SALY AUG - 8 2024



6-Aug-2024 19:22 All7 Service LLC

-6892180977 p.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FILEI |
|-----------------------------------|
| 2024 AUG - |
| 2024 AUG -7 AM 3 TALLAHASSEE FORM |
| TEAHASSEE |

EAGLE007 US LLC $r \in Q_{RH}$ (Name of the Limited 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 ______ and assigned Florida document number L22000378470 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A

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

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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.

City

N/A

Enter Florida street address

, Florida

6892180977

p.3

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

| Title | Name | Address | Type of Action |
|-------|---------------------|--------------------------------------|----------------------------|
| AMBR | 4 HOME BUSINESS LLC | 8442 COVENTRY PARK WAY WINDERMERE, F | L ≣Add |
| | | | []Remove |
| | | | □Change |
| | | | □Ađd |
| | | | □Remove |
| | | | _ Schange TI |
| | | | ☐ Add ☐ Refnove ☐ ☐ Change |
| | | | ⊡Change □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |

p.4

| | K WAYWINDERMER | lE, FL 34786. | | | |
|---|---|------------------------------|---------------------------------------|----------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | · | | 7 | A COLOR | |
| | | | | 10 B | ښه |
| | | | | 55 1 | 1 |
| | | | | | , |
| | | | | ب | |
| | | - | | E C | 7 |
| | | | \ | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | . | | |
| 266 | 08/06/2024 | | (optional | | |
| Effective date, if other than the date of fan effective date is listed, the date must be specif | ic and cannot be prior to da | ite of filing or more than 9 | days after filing. | .) Pursuant to 605.0 | 3 207 (. |
| Note: If the date inserted in this block does document's effective date on the Departmen | not meet the applicable at of State's records. | statutory filing require | ments, this date | will not be listed | dast |
| | | | | | |
| record specifies a delayed effective date, b d is filed. | ut not an effective time, | at 12:01 a.m. on the es | ulier of: (b) The | : 90th day after th | he |
| ORLANDO 6TH AUGUST | 2024 | | | | |
| | | | | | |
| losé l | Leite de B <i>a</i> | irros Neto | | | |