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TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Eagle Outparcel Phase 2, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael J Leeds Name of Person Shagbark Properties Firm/Company 5422 Bay Center Drive, Suit 120 Address Tampa, FL 33609 City/State and Zip Code michael@shagbarkfl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael J Leeds Name of Person Enclosed is a check for the following amount: □ \$60,00 Filing Fee. \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eagle Outparcel Phase 2, LLC		
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
he Articles of Organization for this Limited Liability Company were filed on	4/24/2023	and assigned
lorida document number 1.23000202250		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
ne new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		29
		2023 DOT 17 SCORE 17.ES
		7.51
nter new mailing address, if applicable:		•, •
Aailing address MAY BE A POST OFFICE BOX)		
-		78
. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	ecords, <u>enter the nar</u>	())
Name of New Registered Agent:	 	
New Registered Office Address:		
Enter Flor	ida street address	
	, Florida	
City		Zip Code

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

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>	<u>Name</u>	Address	Type of Action
Manager	Michael J Leeds	5422 Bay Center Drive	Mydd
		Suite 120	□Remove
		Tampa. FL 33609	□Change
			□Add
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			Change SECRED 7 AL — 1
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Tective date, if other than effective date is listed, the other. If the date inserted in beament's effective date of record specifies a delayed is filed. October 12	this block does not the Department of effective date, but n	t meet the applicable f State's records. not an effective time 2023		he earlier of: (b)		ter the

Filing Fee: \$25.00