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## **COVER LETTER**

Registration Section Division of Corporations

TO:

EAGLE SUBJECT:	S NEST AT BLACKWATER, I	LC	
,000,011	Name of Litr	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Mark Welton		
		Name of Person	
	Welton Law Firm		
		Firm/Company	
	1020 S. Ferdon Blvd.		
		Address	
	Crestview, FL 32536		
	mark@weltonlawfirm.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further informatio	n concerning this matter, please c	rall:	
Mark Welton		850 682-2120	
Nam	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section *Corporations	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAGLE'S NEST AT BLACKWATER, LLC

(A Florida Limited I.	ny as it now appears on our rec liability Company)	ords.) 2023 1:07 17 PH 5: 55
The Articles of Organization for this Limited Liability Company Florida document number		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4927 Antioch Road	
(Principal office address MUST BE A STREET ADDRESS)	Crestview, FL 32536	
Enter new mailing address, if applicable:	4927 Antioch Road	
(Mailing address MAY BE A POST OFFICE BOX)	Crestview, FL 32536	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new registered
New Registered Office Address:		
	Enter Florida street address	
		Florida Zip Code
		zw coae
New Registered Agent's Signature, if changing Registered Agent:	City	

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\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title .	Name	<u>Address</u>	Type of Action
AMBR	Rachel Yordon	4927 Antioch Road	<b>≣</b> Add
		Crestview, FL 32536	□Remove
			□Change
AMBR	Justin Robinson	4927 Antioch Road	■Add
		Crestview, FL 32536	□Remove
			□Change
AMBR	Mykel Robinson	4927 Antioch Road	<b>=</b> Add
		Crestview, Fl. 32536	□Remove
			□Change
			□Add
		<u> </u>	□Remove
			□Change
			□Add
			□ Remove
		•	□Change
	<del></del>		□Add
		<u> </u>	□Remove
			□Change

It am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an ef Note:	tive date, if other than the date of filing:
e record	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	October 2 2023
	Signature of a member or authorized representative of a member
	Mark Welton, Authorized Person

Filing Fee: \$25.00