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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EYN FLORIDA LLC

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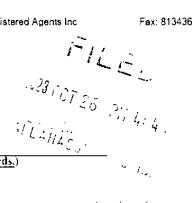
Help

K. SALY

UCI 27 2023

## Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



EYN FLORIDA LLC

(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 vi Florida document number L23000352224	vere filed on <u>07/26/23</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street	oddress
		, Florida Zip Code
	Сиу	Zip Cixle
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
lf Chans	dng Registered Agent, Sign	ature 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
AMBR	EYN Enterprises, LLC	PO Box 709	<b>©</b> Add
		Camas, WA 98607	□Remove
			[]Change
			□Add
		<u> </u>	□ Rémove □ Change
			☐Remove
		·····	□ Remove
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			(T) (")

10/26	/2022	127	1.27	DOT	

Nat Smith

To: 18506176383

Page: 4/4

From: Registered Agents Inc.

Fax: 8134365206

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ective date, if other than th	ne date of filing:	(optional)
te: If the date inserted in this	ust be specific and cannot be prior to date oblock does not meet the applicable state because of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.03 attutory filing requirements, this date will not be listed
ecord specifies a delayed effect s filed.	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the

Typed or printed name of signee