

To:

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2024-07-24 11:22:16 UTC-14

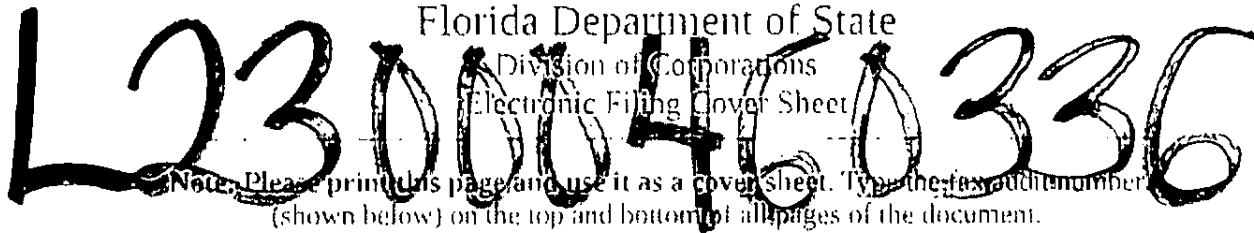
18506176383

From: ZenBusiness User

7/23/24, 4:18 PM

Division of Corporations

H24000249660 3



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

2024 JUL 24 PM 2:32  
SECRETARY OF STATE  
JAIL AHAASSE.FLORID/

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RECEIVED

2024 JUL 24 AM 10:53

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

\*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  
EAGLEEYERETAIL LLC

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

M. SOLOMON  
JUL 24 2024

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Corporate Filing Menu

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2024-07-24 11:22:16 UTC+14

18506176383

From: ZenBusiness User

**COVER LETTER**

H24000249660 3

TO: Registration Section  
Division of Corporations

SUBJECT: EagleEyeRetail LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diego Cruz

\_\_\_\_\_  
Name of Person

ZenBusiness INC

\_\_\_\_\_  
Firm/Company

336 E. College Ave Suite 301

\_\_\_\_\_  
Address

Tallahassee, FL 32301

\_\_\_\_\_  
City/State and Zip Code

fulfillment@zenbusiness.com

\_\_\_\_\_  
E-mail address; (for H24000249660 3 report notification)

For further information concerning this matter, please call:

c/o ZenBusiness INC

844 493-6249

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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18506176393

From: ZenBusiness User

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H24000249660 3

EagleEyeRetail 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 were filed on 2023-10-05 and assigned  
Florida document number L230004160336.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

936 SW 1st Ave #867 Miami, FL 33130

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

936 SW 1st Ave #867 Miami, FL 33130

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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From: ZenBusiness User

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

☐ Add

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

THE  
F  
M  
D

2024 JUL 24 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207-13(a)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 7/23/2024

/Is/ Yaroslau Stalmakou

Signature of a member or authorized representative of a member

Yuriy S. Stelmakov

Typed or printed name of signee