# L1300054063

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01/17/2024

## **Cover Letter**

### Amendment to the Articles of Organization

Contact:

Charyse Wilson

1639 Embassy Drive

Suite 201

West Palm Beach, FL 33401

(561) 932-4197

#### **COVER LETTER**

TO: Registration Se Division of Co			
	LY HIGH INVESTMENTS L	JLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHARYSE WILSON		
	<del></del>	Name of Person	
	EAGLES FLY HIGH INV	ESTMENTS LLC	
		Firm/Company	
	1639 EMBASSY DRIVE	SUITE 201	
		Address	
	WEST PALM BEACH, F	L 33401	
		City/State and Zip Code	
	CHARYSE1717@GMAIL	.COM (to be used for future annual report r	antification)
For further information of	concerning this matter, please c		-
CHARYSE WILSON		561 932-4197 at ( )	
Name o	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration	
Division of C		Division of C	
P.O. Box 632			f Tallahassee
	27	The Centre o	

Tallahassee, FL 32303

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000540683}{L23000540683}$	were filed on 12/06/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "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 agent and/or the new registered office address here:	address on our records, enter the na	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:		<u>.</u>
	Enter Florida street address	4
	, 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>	Name	Address	Type of Action
MGR	CHARYSE WILSON	1639 EMBASSY DRIVE SUITE 201WEST PALM	Bf ≣Add
			□Remove
			□Change
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an effective date is listed, the door to the door of the date inserted in		(optional) late of filing or more than 90 days after filing.) Pure e statutory filing requirements, this date will	
record specifies a delayed e d is filed.	ffective date, but not an effective time.	at 12:01 a.m. on the earlier of: (b) The 90t	th day after the
JANUARY 4	2024		
	·	()	

1212 E 635.00

Typed or printed name of signee