

Florida Department of State  
Division of Corporations  
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To:

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

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Account Name : WISE TAX FIRM INC.  
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Phone : (786)620-0001  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EAGLE SKY SERVICE LLC

Certificate of Status	0
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M. SOLOMON  
SEP 18 2024

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAGLE SKY SERVICE 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 01/22/2024 and assigned  
Florida document number L24000042092.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7211 WEST 24TH AVE

APT 2255

HIALEAH, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7211 WEST 124TH AVE

APT 2255

HIALEAH, FL 33016

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:

ODALYS CEPERO GOMEZ

New Registered Office Address:

7211 WEST 24TH AVE APT 2255

*Enter Florida street address*

HIALEAH

*City*

Florida 33016

*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.*

*Odalis Cepero*

If Changing Registered Agent, Signature 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDISBREY PEREZ CEPERO	11532 NW 57TH AVE ST 38	<input type="checkbox"/> Add
		HIALEAH, FL 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ODALYS CEPERO GOMEZ	7211 WEST 24TH AVE APT 2255	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

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

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ALBANY, FL

**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 (3)(b)

**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 09/17 2024

Odaly's Ceprio

Signature of a member or authorized representative of a member

ODALYS CEPERO GOMEZ

Typed or printed name of signee