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(Req	uestor's Name)	
(Addı	ress)	
(Add	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
		<u>.</u>

Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

EGGVISE SUBJECT:	LLC		
SOBJECT.	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub		
	KILMAR D. RAMIREZ I.	DE SANTIAGO	
		Name of Person	
	EGGVISE LLC		
		Firm/Company	
•	201 4TH ST S UNIT 631		
	-	Address	
	ST. PETERSBURG, FL 3.	3701	
		City/State and Zip Code	·
	KILMARRAMIREZ@GM		
		to be used for future annual report noti	ification)
For further information c	concerning this matter, please c	all:	
KILMAR D. RAMIREZ	DE SANTIAGO	786 303-9862 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Con The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EGGVISE LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 03/05/2024 and assigned
Florida document number L24000113932	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	llity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	THE TOTAL PROPERTY OF THE PROP
(Principal office address MUST BE A STREET ADDRESS)	78 6 E
Enter new mailing address, if applicable:	STATE STATE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
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

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>	Address	Type of Action
AMBR	CATHERINE D. RODRIGUEZ	1320 PHILLIP AVE EUNICE, LA 70535	🗆 Add
			≣Remove
		 	□Change
			□Add
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ective date, if other than the effective date is listed, the date in	ust be specific and cannot be pric			
te: If the date inserted in this burnent's effective date on the I	block does not meet the appli Department of State's record	icable statutory filing requi	rements, this date will n	ot be listed a
cord specifies a delayed effecti s filed.	ve date, but not an effective	time, at 12;01 a.m. on the o	earlier of: (b) The 90th	ı day after th
MAY I	2024		$\int_{\mathcal{A}}$)
ea	-7		1 17	
ted	Lilmar	D. Rand horized representative of a me	crade la	ntia

Filing Fee: \$25.00