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. . . COVER LETTER

IO:					
	Eagle Stree	t Capital, LLC			
\$t.BJ1	Name of Limited Liability Company				
The en.	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Płeusz i	cturn all correspo	indence concerning this matter	to the following:		
		Jordan Garcia			
			Name of Person		
		Eagle Street Capital, LLC			
	Name of Limited Liability Company Losed Articles of Amendment and fee(s) are submitted for filing. Jordan Garcia Name of Person Eagle Street Capital, LL-C Firm/Company 15 8th St N, #112 Address St Petersburg FL, 33701 City/State and Zip Code jordan@mpaconnect.co E-mail address: (to be used for future annual report notification) Jier information concerning this matter, please call: Garcia Name of Person Area Code Daytime Telephone Number Area Code Laytime Telephone Number Mailing Fee Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations P O. Box 6327 The Centre of Tallahassee				
Division of Corporations Engle Street Capital, LLC Name of Limited Liability Company The valiesed Articles of Amendment and feets) are submitted for filing. Please actum all correspondence concerning this matter to the following: Jordan Garcia Name of Person Engle Street Capital, LLCC Final Company 15 8th St N. #112 Address St Petersburg FL. 33701 Gity/State and Zip Gode jordan/Jampaconnect.co E-mail address* (to be used for future annual report notification) For the sizer information concerning this matter, please call: Jordal - // Garcia Name of Person Enck set as a check for the following amount: St. ou Filing Fee Set St. St. St. St. St. St. St. St. St. S					
Name of Limited Liability Company The emissed Articles of Amendment and fee(s) are submitted for filing Pleas Fedura all correspondence concerning this matter to the following: Jordan Garcia					
		St Petersburg FL, 33701			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ntication)	
For h:	Lier information o	concerning this matter, please ca	all:		
Jord	⊋ Garcia				
	Name o	of Person	Area Code Daytin	ne Telephone Number	
Enck s	.d is a check for t	he following amount:			
等 为,	oo Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
	Registration Division of C	Section Corporations 27	Registration Se Division of Co The Centre of	Tallahassee oe Street, Suite 810	

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eagle Street Capital, LLC		
(Name of the Limite	d Liability Company as it now appears on our re A Florida Limited Liability Company)	ecords.)
he Atticles of Organization for this Limited Lia lorist, document number 1.24000231886		and assigned
us amendment is submitted to amend the follo	wing:	
. If unrending name, enter the new name of	the limited liability company here:	
nter new principal offices address, if applications in the first office address of the state of		"LLC" or the abbreviation "L.L.C."
nter new mailing address, if applicable: <u>Auging address MAY BE A POST OFFICE I</u>	<u></u>	
3. 1) amending the registered agent and/or regent and/or the new registered office addres	egistered office address on our records, <u>e</u> <u>s here</u> :	nter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uddress
	City	Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Ther, by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the proverious 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 tiled 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
AML.:	Jordan P. Garcia	15 8th St N. #112 St. Petersburg FL, 33701	= Add
			□Remove
			□Change
·			
			□Remove
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ective date, if other than t	he date of filing:			(optional)	
effective date is listed, the date is (e) If the date inserted in this innent's effective date on the	nust be specific and camo block does not meet the	ot be prior to date of ne applicable statt	filing or more than 9	days after filing.) Pt	rsuant to 605.020 I not be listed as
cord specifies a delayed effect filed.	tive date, but not an eff	fective time, at 12	:01 a.m. on the ca	rlier of: (b) The 9	Oth day after the
ed May 29th	202	24			
CO					

Typed or printed name of signee