

624000332943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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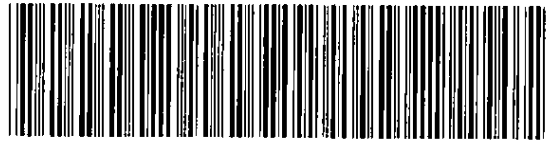
(Business Entity Name)

(Document Number)

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08/24/24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AEGLE IMPACT GROUP LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELINA CEJA

Name of Person

ANGELINA CEJA

Firm/Company

1801 NORTH FLAGLER DR SUITE 726

Address

WEST PALM BEACH FL 3407

City/State and Zip Code

EAGLEIMPACTGROUP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELINA CEJA

561 3177546  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AEGLE IMPACT GROUP 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 08/01/2024 and assigned  
Florida document number L24037943.

This amendment is submitted to amend the following:

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

EAGLE IMPACT GROUP LLC

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1801 NORTH FLAGLER DR SUITE 726

WEST PALM BEACH FL 33407

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1801 NORTH FLAGLER DR SUITE 726

WEST PALM BEACH FL 33407

**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:

ANGELINA CEJA

New Registered Office Address:

1801 NORTH FLAGLER DR SUITE 726

Enter Florida street address

WEST PALM BEACH

Florida 33407

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANGELINA CEJA	1801 NORTH FLAGLER DR SUITE 726	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IVAN CEJA	1801 NORTH FLAGLER DR SUITE 726	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Please I need the name to be  
correct to Eagle Impact Group LLC

RECEIVED  
JUL 15 2024  
CLERK OF SUPERIOR COURT  
STATE OF NEW YORK

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

8-16-2024

Signature of a member or authorized representative of a member

Angelina Cepa

Typed or printed name of signee