Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000377014 3)))



H2400037701434BC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.	
Doing so will generate another cover sheet.	

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future - annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EAGLE PRIME SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

(((H24000377014 3)))

	egistration Se ivision of Col			•	
01101001	EAGLE	PRIME SOLUTIONS LL	_C		
SUBJECT	:	Name of Lin	nited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	amitted for filing		
			-		
Please relu	rn all correspo	ondence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		
	Firm/Company				
17350 STATE HWY 249 #220					
			Address		
HOUSTON TEXAS 77064					
			City/State and Zip Code	 	
		EFILE1234@INCFILE.CO	OM To be used for future annual report no		
For further	information c	oncerning this matter, please c		претин	
LOVETTE	DOBSON		88846234	53	
1184 11	Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed is	s a check for th	he following amount:			
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	lailing Addres		Street Address: Registration S	ection	
D	ivision of C	orporations	Division of Co	Division of Corporations	
	.O. Box 632 allahassee, l		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000377014 3)))

EAGLE PRIME	SOLUTIONS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L24000434077		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		<u> </u>
Enter new mailing address, if applicable: (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:	nddress on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		202
New Registered Office Address:		
	Enter Florida street address, Florida	PPRO AND FILE
	Cuy	
New Registered Agent's Signature, if changing Registered Agent:		98 <u>=</u>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I ar provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

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:

(((H24000377014 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Neptali Franco Merizalde Davila	785 Legacy Dr	
		Davenport, FL 33896	□Remove
			[]Change
			□Add
		 -	□Remove
			Change
 			□ Add
			□Remove
			\tau_Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
	· · · · · · · · · · · · · · · · · · ·	 	□Add
			□Remove

Herna	nature of a member or authorized re	e Rosero presentative of a member	
November 13th			
ecord specifies a delayed effective da is filed.		2:01 a.m. on the earlier of: (b) The 90th day after the
fective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depar	dues not meet the applicable sta	of filing or more than 90 days after tutory filing requirements, the	i onar) er liling.) Pursuant to 695.02(is date will not be fisted a
fective date, if other thus the de-	to of filing:	· .	·
	,		
	,	 	
	-		
			, <u> </u>
,	·		
			