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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 : (407)888-3131 Phone Fax Number : (888)453-0509

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

<u>ယ</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TWO EAGLE SERVICES LLC

Certificate of Status	1
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COVER LETTER

TO: Registration Division of C	Section Corporations		<u>*</u>
	AGLE SERVICES LLC		
SUBJECT: 7	Name of Lim	ited Liability Company	-
The standarding	of Amendment and fec(s) are sub	mitted for filing	
Please return all corre	spondence concerning this matter	to the tonowing.	
	ED KOTLER		<u></u>
		Name of Person	
	TAXZONE INC		
		Firm/Company	
	8865 COMMODITY CIR	STE 4	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	ACCOUNTANT@TAXZC	NEFL.COM to be used for future annual report nour	rearion)
For further informatio	n concerning this matter, please c		
SILVA RIBEIRO, AI		407 888-3131	
Nan	ne at Person	at () Area Code Daytime	: Telephone Number
Englaced is a shack for	or the following amount:		
		☐ \$55.00 Filing Fee &	☐ S60.00 Filing Fee,
S25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add	lrest.	Street Address:	
Registratio		Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Τo

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO EAGLE SERVICES 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 $\frac{04\cdot11/2025}{}$ and assigned Florida document number $\frac{L25000175277}{}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
TWO EAGLES SERVICES LLC
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)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:
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

To:

Page: 7 of 8 2025-07-15 20.20:38 GMT 18884530509 From: Tax Zone If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person heing added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RIBEIRO, ALESSANDRO	SLE JEFERSON ST #2769	□Add
		ORLANDO, FL 32802	
			[] Change
			□Add
			□Remove
			☐Change
			5bA 🗀
			LTRemove
			flAdd
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e recurd specit rd is filed.	ies a delayed effectiv	re date, but not an ef	fective time, at 12:01	a.m. on the earlier of	(b) The 90th day af	ter the
JULY Dated	15	203	25 1			
LARCU				tative of a niember		

Page: 8 of 8

To:

Typed or printed name of signec