

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L2500004357

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.

(((H25000054919 3)))



H2500005491934BC2

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 : GRAYROBINSON, P.A. - ORLANDO
 Account Number : 120010000078
 Phone : (407)843-8880
 Fax Number : (407)244-5690

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

Email Address: robert.jones@gray-robinson.com

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2025 FEB 12 AM 8:43

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 EAGLE BELL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
 2025 FEB 12 PH 3:15
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

((H25000054919 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE BELL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT L. JONES, III
Name of Person

GRAYROBINSON, P.A.
Firm/Company

601 SOUTH PALAFOX STREET
Address

PENSACOLA, FL 32502
City/State and Zip Code

ROBERT.JONES@GRAY-ROBINSON.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT L. JONES, III at (448) 239-6032
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

((H25000054919 3)))

((H25000054919 3)))

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: EAGLE BELL, LLC

SECOND: The Florida Document number of the limited liability company is: L25000024357

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Registered Agent's address was incorrectly listed as 501 Commendencia Street, Pensacola, FL 32502. The correct address for the registered agent (Robert L. Jones, III) is 601 South Palafox Street, Pensacola, FL 32502.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Blank lines for describing the manner of defective signing and corrections.

OR

The electronic transmission of the record was defective.

Signature of Authorized Representative and Date (2/12/25)

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

((H25000054919 3)))

FILED 2025 FEB 12 AM 8:43 OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF PENSACOLA FLORIDA