L09000014067

(Re	equestor's Name)	
(Ac	ddress)	
	•	
	ddress)	
(Ac	141633)	
(Ci	ty/State/Zip/Phone	e #)
		•
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
	ocument Number)	
(DC	cument Number)	
Certified Copies	Certificates	of Status
,	_	
Special Instructions to	Filing Officer	
	, iiiig Oiliooi.	
		į

Office Use Only



800143659538

02/16/09--01036--012 **25.00

09 NOV -3 PH 1:3

SECRETARY OF STATE
JIVISION OF CORPORATION

T. HAMPTON

NOV - 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EASTERN FINANCIAL SERVICES, 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:
JAMES E. STOW 3'. Name of Person
Name of Person
Firm/Company
1715 NE 11 ST Address
Ft. Landendsle, Fl. 33304
City/State and Zip Code TSTOUT 1 2 G M Fil. 6 m E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 993-6/50 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ Certificate of Status \$\ Certificate of Status \$\ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \$\ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$ \$\ (additional copy is enclosed)\$\$

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

09 NOV -3 PM 4:00

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 17, 2009

SIAMALADEVI PATHER 1881 MIDDLE RIVER DR STE 603 FT LAUDERDALE, FL 33305

SUBJECT: EASTERN FINANCIAL SERVICES, LLC

Ref. Number: L09000014067

We have received your document for EASTERN FINANCIAL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00005597

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

	ancial a	Services	1,26			
(Name of the Limited L	iability Compa lorida Limited I	ny as it now ar Liability Compa	pears on our my)	records.)		
The Articles of Organization for this Limited Lia Florida document number		were filed on	02/11/	109	and as	signed
This amendment is submitted to amend the follow	ving:					
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company	here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Co	ompany," the	designation	"LLC" or the	abbreviatio ت
Enter new principal offices address, if applical		1715	NE II	51	09	SECR
(Principal office address MUST BE A STREET	<u>'ADDRESS)</u>	<u>++·</u>	Laude		<u> </u>	OF O
Enter new mailing address, if applicable:		1715 Fort (NEI	1 ST	PH I:	ED OF S.T
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Fort C	And end pl	a, Fr	3330	TIONS
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address her	<u>e</u> :				
Name of New Registered Agent:	JAM 1715 Fort LAU	es E.	STOUT	Jr.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	1715	NE	11 5		7.1	
	Litla.	1. 1.1.	Enter Flori	aa sireei ad	iaress 2730Cl	
	ror . CHU	City		, Florida _	Zip Coa	 le
New Registered Agent's Signature if changing Re					,	

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 608, 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.

ag Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Type of Action <u>Name</u> <u>Address</u> PATHER, GOPPLAKISTHNAN Stout, James E 5321 NE 24 Terr # 3024 Fort Landendal, R 32208 ☐ Add ☐ Remove □Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please Remove GopacaKristhnan latter as registered Agant + Replace with James E. SFOUT JV. Dated November 3 Signature of a member or authorized representative of a member Sames E. STOW St.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00