## L11000024395

. (Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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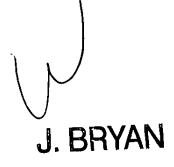


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SECRETARY OF STATE
FALLAHASSEE, FLORIO



SEP 1 3 2011

**EXAMINER** 



August 2, 2011

RAJNIKANT PATEL 1425 SE HAWTHORNE RD GAINESVILLE, FL 32641

SUBJECT: EASTSIDE POINT LLC Ref. Number: L11000024395



We have received your document for EASTSIDE POINT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 311A00018117

September 7, 2011

Florida Dept of State

**Division of Corporations** 

P.O. Box 6327

Tallahassee, Florida 32314



## Subject: Eastside Point LLC. L11000024395 Amendment of Articles

Dear Sir/Madam:

With reference to your letter dated August 2, 2011(letter copy attached) whereby you returned Articles of Amendment form and sent the new Articles of Amendment form so that it can be filled and returned back for the requested amendment.

The correct form for the amendment of the articles has been filled and is being returned herewith for your consideration. Also attached is a copy of the \$35.00 which was sent with the first form and which has already been cashed by the Division of Corporations. Please see the attached copy.

Since we sent a check for \$35.00 and the correct fee is only \$25.00 it would be appreciated if you could kindly amend the articles as per for the attached forms and send us a Certified copy fee being \$10.

Rajnikant Patel

1425 SE Hawthorne Road,

Gainesville, Fl 32641

## **COVER LETTER**

Division of Corporations	
SUBJECT: EASTS IDE POINT LLC.  Name of Limited Liability Company	250
The enclosed Articles of Amendment and fee(s) are submitted for filing.	12至
Please return all correspondence concerning this matter to the following:	C. C.
RAJNIKANT PATEL	
Name of Person	
EASTSLOBE POTNT LLC Firm/Company	
1425 SE HAWTHORNE RD	
City/State and Zip Code  LEADRSHIPDVIL PMT Q YAHOO., Com  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
AL W. U. G. H. Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \]	osed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited Li	LLC.		
(A Florida Limited Liability Companion (A Florida Liability Companion (A	iability Company)	<u>(S.</u> )	
The Articles of Organization for this Limited Liability Company		and assigned	
Florida document number <u>L 110000 2439</u>	5	意のす	
		題門	
This amendment is submitted to amend the following:		SE N	
A. If amending name, enter the new name of the limited liabi	lity company here:	THE STORY	
	NIA		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designate	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS)			
F 4		•	
Enter new mailing address, if applicable:		4	
(Mailing address MAY BE A POST OFFICE BOX)	N /	/+	
B. If amending the registered agent and/or registered offi		nter the name of the new	
registered agent and/or the new registered office address here	:		
Name of New Registered Agent:	N (	4	
New Registered Office Address:			
	Enter Florida street address		
	, Florid		
	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 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.

Nº LA

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

MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** NAYNESH PATEL Marm Remove ☐ Add Remove Add ☐ Remove Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 8/8/2011 Dated \_\_\_\_\_

Page 2 of 2

RAJNIKANT PATEL
Typed or printed name of signee

Filing Fee: \$25.00

Signature of a member or authorized representative of a member