

L11000024395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/01/11--01028--010 **35.00

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11 SEP 12 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 13 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2011

RAJNIKANT PATEL
1425 SE HAWTHORNE RD
GAINESVILLE, FL 32641

SUBJECT: EASTSIDE POINT LLC
Ref. Number: L11000024395

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11 SEP 12 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
SEP 12 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Rainikant Patel

1425 SE Hawthorne Road,

Gainesville, FL 32641

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EASTSIDE POINT LLC
Name of Limited Liability Company

FILED
11 SEP 12 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAJNIKANT PATEL

Name of Person

EASTSIDE POINT LLC

Firm/Company

1425 SE HAWTHORNE RD

Address

GAINESVILLE, FL 32641

City/State and Zip Code

LEADRSHPDVLPMNT@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AL MUGHAL

Name of Person

at (904) 625-8751

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

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

EASTSIDE POINT 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 _____ and assigned

Florida document number L 11000024395

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NAYNESH PATEL	1425 SE HAWTHORNE ROAD GAINESVILLE, FL 32641	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 8/8/2011, _____

 Signature of a member or authorized representative of a member
RAJNIKANT PATEL
 Typed or printed name of signee