

L17000212973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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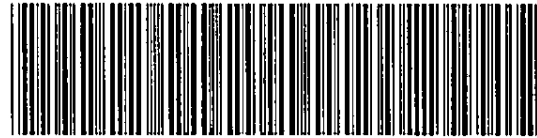
(Business Entity Name)

(Document Number)

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17 NOV 30 PM 11:39
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O. GILMONS

DEC 01 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eaglestar Construction, 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:

PATWINDER SIDHU
Name of Person

Eaglestar Construction, LLC
Firm/Company

10500 BIT AND SPUR LANE
Address

POTOMAC, MD 20854
City/State and Zip Code

patsidhu@gmail.com patsidhu@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

AMIT MINHAS at (239) 877-2480
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

Eaglestar Construction, 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 10/16/2017 and assigned Florida document number L17000212973

This amendment is submitted to amend the following:

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

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)

3030 N. ROCKY POINT DR
STE 150A
TAMPA, FL 33607

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

City, Florida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AMIT MINHAS	8520 HORSESHOE LANE	<input type="checkbox"/> Add
		POTOMAC, MD 20854	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KABEER MINHAS	806 EASLEY STREET	<input type="checkbox"/> Add
		SILVER SPRING, MD 20910	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SEE ATTACHMENT

17 NOV 30 PM 11:38

E. Effective date, if other than the date of filing: 11/28/2017 (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

Kabeeer S. Minhas

Typed or printed name of signee

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
AMIT S MINHAS
8520 HORSESHOE LANE
POTOMAC, MD. 20854 US

Title: MGR
PATWINDER S SIDHU
10500 BIT AND SPUR LANE
POTOMAC, MD. 20854 US

Title: MGR
KABEER S MINHAS
806 EASLEY ST.
SILVER SPRING, MD. 20910 US

L17000212973
FILED 8:00 AM
October 16, 2017
Sec. Of State
slsingleton

Article V

The effective date for this Limited Liability Company shall be:

10/15/2017

Signature of member or an authorized representative

Electronic Signature: AMIT S. MINHAS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

On 11/28/17, By unanimous consent, Article IV has been amended as follows:

Remove the name and address of Kabeer Minhas and Amit Minhas as persons authorized to manage the LLC.

Kabeer Minhas
Kabeer Minhas

Amit Minhas
Amit Minhas

Patwinder Sidhu
Patwinder Sidhu

Brian Dinka
Brian Dinka - Notary Public

