

L23000109686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 MAY 22 AM 6:05

S. FRANKLIN
JUL 20 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Eastern Oaks North, 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:

Jefferson Shafrin

Name of Person

Firm/Company

5770 60th Ave N

Address

St. Petersburg, FL 33709

City/State and Zip Code

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

For further information concerning this matter, please call:

Jefferson Shafrin

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Eastern Oaks North, 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 March 1, 2023 and assigned
Florida document number L23000109686.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

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 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	Russell Matin	5770 60th Ave N	<input type="checkbox"/> Add
		St. Petersburg, FL 33709	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Mohammad Alam	6633 84th Ave N	<input checked="" type="checkbox"/> Add
		Pinellas Park, FL 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	K M Jashim Reza	3620 1/2th Street North	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Sayeem Hossain	11751 8th Way North, Apt 8	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 FEB 22 AM 6:05

2023年11月22日 16:05

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.

Dated 5.11.2023

Signature of a member or authorized representative of a member _____

RUSSELL MATIN
Typed or printed name of signee

Filing Fee: \$25.00