

L23000299564

(Requestor's Name)

(Address)

(Address)

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S. ROBERTS

AUG 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EILAND 32846 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:

AJAY PATEL
Name of Person

Firm/Company

4350 HIGHCROFT DR
Address

WESLEY CHAPEL, FLORIDA 33545
City/State and Zip Code

AAAA-007@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AJAY PATEL at (813) 786-7046
Name of Person 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

EILAND 32846 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 8/10/23 and assigned
Florida document number L 23000299564

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 contain 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)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

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:

N/A

Enter Florida street address

N/A

City

Florida

N/A

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>
AMGR	PATEL PIYUSH	111 RIVERSTONE CT	<input type="checkbox"/> Add
		APTE	<input checked="" type="checkbox"/> Remove
		EASLEY, SC. 29640	<input type="checkbox"/> Change
AMGR	GANDHI CHINTA	12157 NW 76TH PL	<input checked="" type="checkbox"/> Add
		PARKLAND, FL, 33076-4601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	PATWA SHRUTI T	3104 ROLLINGRIDGE RD	<input checked="" type="checkbox"/> Add
		NAPERVILLE, IL, 60564	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	DAFTARI ROOJA AMET	9820 TELL CHASE ST	<input checked="" type="checkbox"/> Add
		TAMPA, FL. 33625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	KOLADIYA KISHORKUMAR	28894 REVARO LN	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL FL 33543-0000	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 8/10/23

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00