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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	UST, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ATIT PATEL		
		Name of Person	
	EIGHT TRUST, LLC		
		Firm/Company	
	1375 GRANVILLE DR		
		Address	. "
	WINTER PARK, FL 3278	9	
		City/State and Zip Code	
	atit55@yahoo.com  E-mail address: 0	to be used for future annual report notil	lication)
For further information of	concerning this matter, please ca	•	
ATIT PATEL		407 492-9726	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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		Street Address:	
Registration : Division of C		Registration Sec Division of Corp	
P.O. Box 632	2.7	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monroo Tallahassee, FL	Street, Suite 810 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EIGHT TRUST, LLC		
(Name of the Limited Liability (A Florida)	V Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/01/2024	and assigned
Florida document number L24000106976		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2
		(၁
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, enter the	name of the new registe
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
<del></del>	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>	Address	Type of Action
MGR	VINIT JANAK SUKHADIA	769 RANTOUL LN	■Add
		LAKE MARY, FL 32746	□Remove
			□Change
MGR	PRIYARJSINH YADAV	6143 HEDGESPARROW LN	
		SANFORD, FL 32771	□Remove
			□ Change
MGR	DHIR AMIT SHAH	19364 BLOSSOM VINE LN	<b>=</b> Add
		LUTZ, FL 33558	□Remove
			□Change
MGR	TANMAY PATEL	1593 OSPREY VIEW DR	■Add
		APOPKA, FL 32703	□Remove
			□Change
MGR	DEVARAJSINII YADAV	1160 ATHLONE LN	<b>■</b> Add
		CORONA, CA 92882	□Remove
			□ Change
	<del></del>		
			□Remove
			□ Change

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	e date must be specific in this block does no	and cannot be prior to ot meet the applicab	date of filing or more tha	(optional) in 90 days after filing.) Pursuan direments, this date will not	
is filed.				earlier of: (b) The 90th da	ay after the
1	19th	2024	- - -		
ited			•		
ated August	7/-	ASI			PLE/ DAT