

L24 000 106 976



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

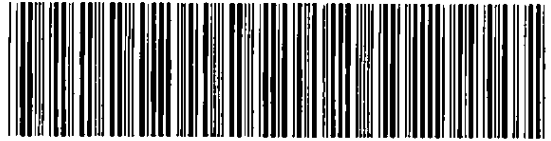
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700435079237

08/26/24--01036--013 **55.00

2024/08/26 PM 2:25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EIGHT TRUST, 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:

ATIT PATEL	Name of Person
EIGHT TRUST, LLC	Firm/Company
1375 GRANVILLE DR	Address
WINTER PARK, FL 32789	City/State and Zip Code
atit55@yahoo.com	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ATIT PATEL at (407) 492-9726

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

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	VINIT JANAK SUKHADIA	769 RANTOUL LN	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PRIYARJSINH YADAV	6143 HEDGESPARROW LN	<input checked="" type="checkbox"/> Add
		SANFORD, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DHIR AMIT SHAI	19364 BLOSSOM VINE LN	<input checked="" type="checkbox"/> Add
		LUTZ, FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TANMAY PATEL	1593 OSPREY VIEW DR	<input checked="" type="checkbox"/> Add
		APOPKA, FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEVARAJ SINH YADAV	1160 ATHLONE LN	<input checked="" type="checkbox"/> Add
		CORONA, CA 92882	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 August 19th, 2024

ATIT PATEL

Typed or printed name of signee

PLEASE SIGN
DATE & MAIL