

M15000010299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2022 SEP -9 AM 11:13

2022 SEP -9 PM 4:01

9/9/2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eagle LNG Partners, Jacksonville LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Farw Mohsin

Name of Person

Eagle LNG Partners, Jacksonville LLC

Firm/Company

2445 Technology Forest Blvd, Suite 500

Address

The Woodlands, TX 77381

City/State and Zip Code

legal@eaglelng.com

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

For further information concerning this matter, please call:

Farwa Mohsin

Name of Person

at ( 832 )

709 0750

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2022

EAGLE LNG PARTNERS JACKSONVILLE LLC  
2445 TECHNOLOGY FOREST BOULEVARD  
SUITE 500  
THE WOODLANDS, TX 77381

SUBJECT: EAGLE LNG PARTNERS JACKSONVILLE LLC  
Ref. Number: M15000010299

We have received your document for EAGLE LNG PARTNERS JACKSONVILLE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida limited liability company, but your entity is a Foreign limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 922A00020082

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

2022 SEP -9 PM 4:01

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ~~Delaware~~ EAGLE LNG PARTNERS JACKSONVILLE LLC

Enter new principal office address, if applicable: N/A

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000010299

3. Jurisdiction of its organization: State of Delaware

4. Date authorized to do business in Florida: 12/28/2015

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Eagle LNG Partners, Jacksonville LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

~~State of Delaware~~

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<del>Mr.</del> →	Sean Lalani Manager	2445 Technology Forest Blvd., Suite 500	<input checked="" type="checkbox"/> Add
		The Woodlands, TX 77381	<input type="checkbox"/> Remove
<del>Mr.</del> →	Timothy Robertson Authorized Member	16236 Normandy Blvd	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32234	<input type="checkbox"/> Remove
<del>Mr.</del> →	Filipe Pinto Authorized Member	2445 Technology Forest Blvd., Suite 500	<input checked="" type="checkbox"/> Add
		The Woodlands, TX 77381	<input type="checkbox"/> Remove
<del>Mrs.</del> →	Farwa Mohsin Authorized Member	2445 Technology Forest Blvd., Suite 500	<input checked="" type="checkbox"/> Add
		The Woodlands, TX 77381	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Sean Lalani

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**