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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Isis Pearl	LLC.	
	Name of Lin	nited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	bmitted for filing.	
Please return all correspond	ence concerning this matter	r to the following:	
	<i>-</i> . ^		
	15is Pearl	Matthew S Name of Person	
		Firm/Company	
		Firm/Company	
	6930 SW	109th Ln Address	
		FL 34476 City/State and Zip Code (SQ 9 mail - Com) (to be used for future annual report noting the control of the control o	
		City/State and Zip Code	
	isispmatthew	1509 mail-COM (to be used for future annual report not)	fication)
For further information cond			·
T- > D	Malfrague	1107 914-	C.UQÄ
Name of Pe	rison	at (<u>40'7)</u> 914 – Area Code Daytim	ne Telephone Number
Enclosed is a check for the I	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 Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 6327	•	The Centre of T	Tallahassee
Tallahassee, FL	32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Isis Year L		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
(1	
The Articles of Organization for this Limited Liability Company	y were filed on 12 26/19	and assigned
Florida document number <u>L20000004816</u> .	· I	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
Isis Pearl Matthews	SILC.	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab-	previation "L.L.C."
Enter new principal offices address, if applicable:		
• •	1515 E Silvers Spring	c R)va
Principal office address MUST BE A STREET ADDRESS)	1515 E Silver Spring Ste 219 Ocala	F1 34470
	JA 219 DEATH	16 31170
		Rud
Enter new mailing address, if applicable:	1515 E Silver Springs Ste 219 Ocala F	S DIVA
Mailing address MAY BE A POST OFFICE BOX)	Ste 219 Ocala F	134470
		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered office igent and/or the new registered office address here:	address on our records, enter the name	e of the new registered
Name of New Registered Agent:		
Name of New Togrsterod Agent.		3
New Registered Office Address:	Enter Florida street address	· 7
	THE THOUGHT GREET CAREETS	1
	, Florida Citv	Zin'Cèda :
	·	zip Çode
New Registered Agent's Signature, if changing Registered Agent		₩ 50
hereby accept the appointment as registered agent and ag		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as		
peing filed to merely reflect a change in the registered offic		
company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

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(If an effec Note: I	e date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	30th of November 2023. Signaplic of a member or authorized representative of a member
	Isis Pearl Matthews Typed or printed name of signee

f 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 NMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Rепюче
		<u> </u>	□ Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			
			Петюvе
			□Change
			□Add
			□Remove
			□Change