LU1000001219

(Requesto	r's Name)
(Address)	•
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
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SEGRETARY OF STATE
FALL AHASSEE, FLORID)

T. CLINE

ON THE TOTAL

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpora	n utions			
SUBJEC		ISLAND S	TUFF USA LLC		
SCOOL		Name of Limit	ed Liability Company		
		endment and fee(s) are sub			
J'iease re	eturn all corresponder	nce concerning this matter	to the following:		
			HAZEL		
Name of Person					
	JOEL MARCUS, CPA				
	t		Firm/Company		
676 WEST PROSPECT ROAD					
	Address				
	FT. LAUDERDALE, FL 33309		·		
City/State and Zip Code					
	JMARCUSCPA@YAHOO.COM E-mail address: (to be used for future annual report notification)			ation)	
For furt	her information conc	erning this matter, please o	all:		
	H	AZEL	at (954) 5	66-8513	Z0 S
	Name of Per	rson	Area Code & Daytime	Telephone Number	SEGNETI SEGNETI
Enclose	d is a check for the fo	ollowing amount:		4 (2) (2) (3) (4) (7)	F
\$ 25.	00 Filing Fee	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional con	tiffus &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISLA	ND STUFF USA LLC		
(Name of the Limited Lia	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
(A FIO	rida Limited Liability Company)		
The Articles of Organization for this Limited Liabil	ity Company were filed on	05/04/2001	and assigned
Florida document number L0100000721	9		
Tiorida document namoer	 ,		
This amendment is submitted to amend the following	og:		
A. If amending name, enter the new name of the	limited liability summany hav		
A. If amending name, enter the new name of the	minted hability company ner	<u>e</u> :	
The new name must be distinguishable and end with the	words "Limited Liability Compa	ny " the decignation '	I I C" or the abbreviation
"L.L.C."	e words Elimited Elability Compa	ny, the designation	CLC of the appreviation
4.2.01			
Enter new principal offices address, if applicable	••		
• • • • • • • • • • • • • • • • • • • •			
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
_			
B. If amending the registered agent and/or r	egistered office address on o	ur records, <u>enter</u>	the name of the new
registered agent and/or the new registered office	address here:		\$ s 2
			2012 SEC
			22 (2
Name of New Registered Agent:			<u> </u>
			(S) - "***
New Registered Office Address:			<u>m</u> -< €
•	Ent	ter Florida street ad	dress 🚬 📑
			50 = 1
-		, Florida _	<u> </u>
	City		Tap Cade

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ANTHONY A. BROWN	5420 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021	Add Remove
·			Add Remove
:			Add Remove
			Add Remove
			Damoua
			Add Remove
D. If amer	nding any other information, en	ter change(s) here: (Attach additional sheets, if necess	2012 JUN 14 J
- -			OF STATE OF
Dated	St	in La	
-	Signature o	f a member or authorized representative of a member STEVEN ROSS Typed or printed name of signee	
		ryped of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00