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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	333
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COVER LETTER

1517131 011 01 C	orporations		1 / -
SUBJECT:		ctoria Rea	Hy LLC
		ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Mon	Vim Sanota	Erbity
		rame or render	
	Isla	Victoria P	realty LLC
	ios Wing	Olm / Wyy	
		Address ()	
		Longuosal	FL 32750
		City/State and Zip Code	
	Famil address to	o be used for future annual r	upart natification)
			eport not meation)
For further information	concerning this matter, please ca	III:	
Monica	SAnota Erbity	at (477)	6172932
Name	e 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)	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Franca Emiliea E	- 472 1	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 06 1 2002 and assigned	
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
ISIA VICTORIA LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	MA	
(Principal office address MUST BE A STREET ADDRESS)		
	7 S	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Sign Parties	
(Matting address MAT BL AT OST OTTICE BOX)		
B. If amending the registered agent and/or registered of	fice 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:	ω	
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 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 office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
	MA	

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
			Remove
			Change
			Add
		<u></u>	☐ Remove
			☐ Change
<u> </u>			
			□ Remove
			Change
			□ Add
		Remove	
		Change	
		Remove	
			Change
			Add
			□ Remove
			Change

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	vare charging only
_	FROM ISLA VETORIA Renltx LLC
_	to Isla Victoria LLE
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<u>Note:</u> 1	re date, if other than the date of filing: Optional
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The	
) The '	Signature of a member or authorized representative of a member

If

Page 3 of 3

Filing Fee: \$25.00