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EXAMINER



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08/22/08--01014--014 **25.00

08 AUG 22 PM 1: 35

DIVISION OF CORPORATION

COVER LETTER

SUBJECT: 75/	AND Mortgage L	.LC		
	(Name of Limit	ted Liability Company)		
The enclosed Articles of An	mendment and fee(s) are subr	mitted for filing.		
Please return all correspond	ence concerning this matter t	to the following:		
	John Davis	(07110VEZ		
		(Name of Person)	·	
	Island Moi	n/gage LLC (Firm/Company)		
		(Firm/Company)		
	27581 South	(Address)		
		(Address)		
	Homesterd F	1 33032		
		(City/State and Zip Code)		
For further information concerning this matter, please call:				
Voha Davis	Person)	at (702) 744 04/ (Area Code & Daytime To	5	
(Name of I	Person)	(Area Code & Daytime To	elephone 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

TO:

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

DIVISION OF CORPORATIONS

08 AUG 22 PM 1: 35

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island Munty	eg# 26C
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed on $\frac{c 3/17/03}{0.9537}$ and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A)	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	0
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	. Florida
_	, Florida (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 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 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 Type of Action <u>Title</u> Name | **Address** John DAVID RODALOUEZ Homestead FL 3303 M6RM Remove Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member John DAVID Nobolious 2 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00