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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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TRANSMITTAL LETTER

Registration Section Division of Corporations	
Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Susan Blankenship (Name of Person)	
Island Wrapture (Firm/Company)	
1693 Main Street	
Dunedin FL 34698 (City/State and Zip Code)	05 MA
For further information concerning this matter, please call: Susan Blankenship at (727) 738-9299 350)5 MAY 25 PH 12: 19
	Σ Σ
inclosed is a check for the following amount:	
7 \$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S	lender La	dy of I	unedir	, LL	<u>C</u>			-		
(Present Name) (A Florida Limited Liability Company)											
FIRST:	The Articles	of Organization were umber <u>LO4000</u>	filed on 9-2 20 (e 8 4 2 8	0-04	and	assigned					
SECOND:	The follow liability com	ving amendment(s) to apany:	the Articles of	Organization	was/were	adopted by i	he limi	ted			
	name	change	FROM	SLEN	DER	LADI	05	Du	(NED)		
	TO	Island	Wraf	ture	LL		SECRETARY OF STATE TALLAHASSEE. FLORIDA	05 MAY 25 PM 12: 13	ALED		
Dated	5-19-		2005					*-			
	Jus	Signature of a me	andens onber or authorized	nepresentative of	of a member			٠.	-		
		usan K R	olankens yped or printed nam	hip ne of signee							

Filing Fee: \$25.00