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N. CAUSSEAUX JUN 1 4 2018

COVER LETTER

Division of Corp	orations		
SUBJECT:	Name of Lim	Johnest Group ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Pobert	Del Rose Nume of Person	
		Firm/Company	
	366 Flug	Le AJ2 Address	
	New Snyr	City/State and Zip Code COAST Dealt 1- Co De used for future annual report portification	32169
For further information con	cerning this matter, please ca	II:	
Robert Do Name of P	el Pose	at (386) 426- Area Code Daytime Te	6332 lephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

MAILING ADDRESS: 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

Island Development (Name of the Limited Liability of (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>LDLOOO693</u>	pany were filed on 09/22/2004 and externed
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	BAhanas LLC Liability Company," the designation "LLC" or the abbreviation "LLC." Is kus Development Bahanas LLC
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	Island Development Bahanas 11 366 Flagler Ave New Snyrwa Beach, FL.32169
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new here:
Name of New Registered Agent:	part Del Pose
New Registered Office Address: 366	Enter Florida street address
New S	Enter Florida street address Sayrua Beach, Florida 32169 City 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 605, 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 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
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_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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mu cirec	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable contracts.	
<u>iote:</u> It ocumer	the date inserted in this block does not meet the applicable statutory filing requirements, this date will at's effective date on the Department of State's records.	suant to 605,020 not be listed a
	rp = mont of state 3 fectors.	
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 0th day after the record is filed	the earlier c
THE 9	Oth day after the record is filed.	
ated	05/11/2018	
	Transfer (4)	
	Signature of a member or authorized representative of a member	
	MARC Mirbos	
	4.73	

Page 3 of 3

Filing Fee: \$25.00