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L. SELLERS

OCT 15,2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORING

COVER LETTER

	Registration Se Division of Cor								
SUBJEC	CT:		Island L.L.C						
		Name of Limit	ted Liability Company						
The encl	The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:									
			Name of Person						
		Cristal Pala	ace Development Group U	J.S.A					
Firm/Company									
	2305 Ne 192 St								
			Address						
Nor			City/State and Zip Code						
	dorran@bellsouth.net								
		E-mail address: (1	to be used for future annual report noti	fication)					
For furth	er information c	oncerning this matter, please c	all:						
		Nuri Dorra	at (_786)	234 1461					
	Name of Person Area Code & Daytime Telephone Number								
Enclosed	l is a check for the	he following amount:							
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

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

D&K ISLAND L.L.C								
(Name of the Limited (A	Liability Company as it no Florida Limited Liability Co	w appears on our records.) ompany)						
The Articles of Organization for this Limited Liability Company were filed on								
This amendment is submitted to amend the follow	owing:							
A. If amending name, enter the new name of	the limited liability comp	oany here:						
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liabili	ty Company," the designation	n "LLC" or the abbreviation					
Enter new principal offices address, if applica	able:							
(Principal office address MUST BE A STREE	T ADDRESS)							
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)								
B. If amending the registered agent and/or the new registered of		ess on our records, ente	er the name of the new					
Name of New Registered Agent:	Cristal Palace Deve	elopment Group U.S.A						
New Registered Office Address:	2305 N.E 192 St		09 0 XEC XLL					
		Enter Florida street						
	North Mia	ami, Florida	<u> </u>					
New Registered Agent's Signature, if changing I	SP COME							
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	roper and complete perfo stered agent as provided registered office address,	ofmance of my duties, and for in Chapter 608, F.S. (d I am familiar with and Or, if this document is					

Page 1 of 2

If Changing Registered Age

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Cristal Palace Development	2305 NE 192 St , North Miami, Florida 33180	_
MGR_	Cristal Palace Developmen	2305 NE 192 St , North Miami, Florida, 33180	Add ☐ Remove
MGRM	NURI DORRA	2305 NE 192 St , North Miami, Florida, 33180	Add Remove
MGR	NURI DORRA	2305 NE 192 St , North Miami, Florida, 33180	Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
	\wedge		_ _
	,	TAS	FIL 09 OCT 14
	Signature of a membe	$\backslash / \backslash \backslash$	
	Турес	HURI DORRA (<u>m</u> co

Page 2 of 2

Filing Fee: \$25.00