

10/20/2016

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L06000084964**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000259546 3)))



H160002595463ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ROTHMAN & TOBIN, P.A.  
Account Number : I20000000031  
Phone : (305)895-3225  
Fax Number : (305)895-7175

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 OCT 20 P 1:26

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Same as on file

RECEIVED  
2016 OCT 20 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ISSA HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE  
OCT 21 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISSA HOLDINGS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on AUGUST 28, 2006 and assigned Florida document number L0600084964

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Vertical stamp: 2016 OCT 20 11:26 TALLAHASSEE, FLORIDA

FILED

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

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 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

Title	Name	Address	Type of Action
MGR	ISSA HOMES, INC., a Florida Cor	950 Celebration Blvd., Suite F	<input checked="" type="checkbox"/> Add
		Celebration, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PD	FRANCIS J. ISSA	950 Celebration Blvd., Suite F	<input type="checkbox"/> Add
		Celebration, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VPD	JEFFREY MARCHELL	950 Celebration Blvd., Suite F	<input type="checkbox"/> Add
		Celebration, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VPD	DONALD E HEMPEL	950 Celebration Blvd., Suite F	<input type="checkbox"/> Add
		Celebration, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 OCT 20 P 1:26  
TILLY  
LAW ASSOCIATES, P.L.L.C.  
IDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

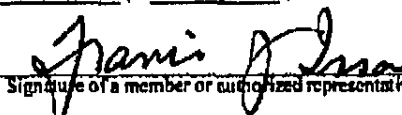
2016 OCT 20 P 1:26  
SECURITY  
ALLIANCE

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated September 13<sup>th</sup>, 2016

  
Signature of a member or authorized representative of a member

FRANCIS J. ISSA, as President of Issa Homes, Inc.

Typed or printed name of signee