## 206000107135

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Providence Place on the Island, LLC.  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:
Name of Person
Providence Place on the Iskand, UC
127 Tampa Que East #3
Vence, Fl. 34285  City/State and Zip Code
Tee 0578 9 yand Com  E-mail address: (to be used for future annually report notification)  E-mail address: (to be used for future annually report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Tammy VUVCC(  at 945 487 88  Name of Person  Area Code & Daytime Telephone Number 24 25 25
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \& \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \\ \text{(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**

Name of the Limited Liability Compan (A Florida Limited Li	n the Island y as it now appears on our re ability Company)	LuC,
The Articles of Organization for this Limited Liability Company Florida document number <u>LOLOOO 107135</u>	were filed on $11/3/6$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2010
Enter new mailing address, if applicable:		MAR -8
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		Florida
	City	Zip Code
Now Pagistared 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 Changing Registered Agent, Signature of New Registered Agent

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 **Address Type of Action Title** Name Mark Phaneuf Michael Phaneuf MGRM MGRM ☐ Add ☐ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Fen 13 Signature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00

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