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ON SEP 25 PH 1: 48

J. BRYAN

SEP 2 6 2008

EXAMINER

COVER LETTER

TO: Registration So Division of Con				
SUBJECT:	Sland Hous (Name of Lim	e Caribbean ited Liability Company)	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	<u>Jos</u>	eph Rousseo (Name of Person)	<u>u</u>	
	151and 49107 49116	House Caribbe (Firm/Company) W 75th Au (Address)		SECRETA DIVISION OF 08 SEP 2
	miami	FL 3315 (City/State and Zip Code)		TARY OF STOF CORPOR
For further information c	concerning this matter, please c	all:		TATE RATIONS
(Name	of Person)	at (365) 987. (Area Code & Dayti	ime Telephone Number)	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing.Fee, Certificate of Sta	tus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O	F SEP			
(Name of the Limited Liability Compa (A Florida Limited L				
The Articles of Organization for this Limited Liability Company Florida document number <u>LO70000529</u>	were filed on 1 12 2007 and assigned \overline{z}			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	4967 SW 75th Ave			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33155			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4967 Sw 75th Ave Miani, FL 33155			
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 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.

MGR = Manager MGRM = Managing Member Title Title Name <u>Address</u> Type of Action MORM 101 Cherry Street, Apt 216 Add Dreen Bray, WI 54801 DRem MORN 5780 5W 116 Stree Lilian Rosado MURM _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) amember or authorized representative of a member Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00