W1000 19394

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Document Number)				
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M. THOMAS
SEP 3 2009
EXAMINER

COVERLETTER

Division of Cor	rporations		
SUBJECT:	Myisla	and Tees LLC	
Sobrect.			
	Amendment and fee(s) are sub	_	
		Kareem Harrigan	
		Myisland Tees LLC	; ; نا م
		Firm/Company	型
		1214 Amazon lane	经 一
		Address	T SEE TO IT
	ŀ	Kissimmee FL,34759	TALLAHASSEE, FLORID
		City/State and Zip Code	ON THE
	tion)		
For further information of	concerning this matter, please of	call:	
Kar	oom Harrigan	407 > 2	307826
Kareem Harrigan Name of Person		at (407) 2 Area Code & Daytime T	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	▼ \$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Myisland 7	Tees LLC				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited I	Liability Company	were filed on	02/20/2007	and assigned		
Florida document number L0700001	9394					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :			
		pose Bound LL				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	any," the designation "	or the abbreviation		
Enter new principal offices address, if appli	1214 Amazo	n lane	m or Ess			
(Principal office address MUST BE A STREET ADDRESS)		Kissimmee F	L,34759	Fig 3 O		
				F. 27 22		
				REFE 5		
Enter new mailing address, if applicable:	1214 Amazo	n lane				
(Mailing address MAY BE A POST OFFICE	Kissimmee FL,34759					
B. If amending the registered agent and registered agent and/or the new registered of	_		our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
-		Enter Florida street address				
	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.

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 **Type of Action Title** <u>Name</u> **Address** \square Λ dd Remove ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Kareem Harrigan

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00