207000048009

(Rec	questor's Name)	· · · · · · · · · · · · · · · · · · ·
· (Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status:

A. LUNT

OCT 28 2009

EXAMINER

Office Use Only .



900162127989

10/27/09--01013--001 **100.00

2009 OCT 27 PM 3: 43

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	CT:	Itsn	ne86, LLC		
2020			ted Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please 1	return all correspond	dence concerning this matter	to the following:		
			David te Boekhorst		-
		Cor	pag Services USA, Inc.		
			Firm/Company		•
999 Brickell Avenue suite 700		0			
			Address		
-			Miami FI 33131	······································	
		,	City/State and Zip Code		
		E-mail address: (t	david@corpag.com o be used for future annual report i	notification)	
For furt	her information cor	ncerning this matter, please ca	all:		
	David Name of F	te Boekhorst	at (305)	3587872 ytime Telephone Numbe	
	Name of t	Craote	Alea Civile te Da	ymme reiepnone runnoe	t
Enclose	d is a check for the	following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Certified	nte of Status &

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

	Itsme86, LLC		
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.	
The Articles of Organization for this Limited	Liability Company were filed on	May 7, 2007	and assigned
Florida document numberL070000	48009		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company he	ere:	
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if app	licable:		
(Principal office address MUST BE A STRI	EET ADDRESS)		
	 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u> </u>	······································	
			······································
B. If amending the registered agent an registered agent and/or the new registered		our records, enter t	he name of the nev
Name of New Registered Agent:	***************************************		
New Registered Office Address:			
	E	nter Florida street add	ress
		Florida	7in Coda
	City		Zin Coda

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Cathy Walfenzao	999 Brickell Avenue suite 700 Miami Fl 33131	Add ✓ Remove
<u>MGRM</u>	James Walfenzao	999 Brickell Avenue suite 700 Miami Fl 33131	Add _ ✓ Remove
MGRM	Itsme86 Inc.	10 Manoel Street, Castries, St. Lucia	Add Remove
MGR	James Walfenzao	999 Brickell Avenue suite 700 Miami Fl 33131	√ Add Remove
MGR	Cathy Walfenzao	999 Brickell Avenue suite 700 Miami El 33131	☑Add □Remove
 D. If amend 	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	Add Remove
 Dated	October 21	2009	-
		ember or authorized tepresentative of a member Cathy Walfenzao Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00