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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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D8 JAN 30 AM II: 19
SECRETARY OF STATE

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Island Way Refreshments, LLL (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:
John Roman off (Name of Person) Island Way Refreshments, LLC (Firm/Company)
(Name of Person)
Island Way Refroshments, LLC
(Firm/Company)
613 SE 24th St.
(Address)
CAPE COTAL , FL 33990
(City/State and Zip Code)
For further information concerning this matter, please call:
10 1
Tohn Komanett at (239) 494-7649 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

08 JAN 30 AM II: 19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Tsland Way Refreshments, 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 8/17/07 and assigned

Florida document number L0700084540

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

(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 Title Title Name Address Type of Action John Romanoff MERM Add Remove Norbert BARTA Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) -Norbert Barta holds 80% at Island WA The remained 20% is between the other three (3) members ROMANOU John P JANUARY Dated Signature of a member or authorized representative of a member John C. Ramanoft Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00