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12 MAR 19 PM 1: 55 SECRETARY OF STATE TALL MINKSYEE FRANK

C. LEWIS

MAR 2 0 2012

EXAMINER

Tarpon Cove, Islamorada, LLC 928 Andres Avenue Coral Gables, Florida. 33134 305.962.2563

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

March 15, 2012

Dear Sir:

- ·

I am enclosing a check for \$25.00 with the application to add Juan J. Hernandez as Manager to Tarpon Cove, Islamorada, LLC.

Sincerely,

Sylvia Hernandez Managing Member

Tarpon-Cove, Islamorada, LLC

COVER LETTER

FO: Registration : Division of Co	
SUBJECT: Tarpa	Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	Sylvia Hernandez Name of Person
	Tarpon Core I slavnora da LLC Firm/Company
	928 Andres Ave. Address
	Coval Gables, FL 33/34 City/State and Zip Code
	Sylvia hdz @ gmail.com E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Juan J. A	Hernandez at (305) 778-0861 of Person Area Code & Daytime Telephone Number
14mile	Thea code at Dayanie Telephone Name
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & Status \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 MAR 19 PM 1:56

Tarpon Cove, Islame	orada, LLC	. JAL	CRETARY OF STAT LAHASSEE, FLORIC	
Tarpon Cove, Islame (Name of the Limited Liability Co) (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)	SEE, FLORIC	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>LD 70000 925 11</u> .		_	and assigned	
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 "L.L.C."	Limited Liability Compan	y," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:	928	Andres Ave Gables, Fi	·	
(Principal office address MUST BE A STREET ADDRESS	s) <u>Coral</u>	Gables, Fo	33/34	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		ır records, <u>enter th</u>	e name of the new	
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.

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** <u>Name</u> **Address Type of Action** Juan J. Hernandez 928 Andres Hv. Coral Coables, FL ☐ Add Remove ☐ Add Remove Add Remove \square Add Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Ayeua Heman De Signature of a member or authorized representative of a member Sylvia Hernandez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00