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SECHETARY OF STATE

M. THOMAS

EXAMINER

## **COVER LETTER**

**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

Island Pro	perty Servici	es LLC	
	Liability Company as it now Florida Limited Liability Con		)
The Articles of Organization for this Limited Lia Florida document number 4070009	ability Company were filed	1 /	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability compa	nny here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability	Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		TAL SE
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	-		SEP. F. S.
(Mailing address MAY BE A POST OFFICE B	<u></u>	, .	8 6
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here:		er the name of the new
Name of New Registered Agent:	Christophe	Druery	
New Registered Office Address:			
		Enter Florida street	address
	City	, Florida	Zip Code
	Cuy		zip Coae

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u> ·	<u>Name</u>	Address	Type of Action
Manager Mgrn	Men. Jodi Zaccai	4824 S.E Ballard Ave. Stuart, Florida 34997	Add Remove
<del> </del>			Add Remove
4 4 T 4 T 4 T 4 T 4 T 4 T 4 T 4 T 4 T 4	-		Add Remove
	·		Add Remove
<del></del>			Add Remove
		A	
D. If am	ending any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary)	A L
•			AHII: 06
Dated	—————————————————————————————————————		
	Christopher Dueny Signature of me	ember or authorized representative of a member  Tedi Zaccai  Syped or printed name of signee	
	Christopher Druery	yped or printed name of signee	residentification from the state of

Page 2 of 2

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