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SECRETARY OF STATE
TALLAHASSEE.FLORIDA

T. CLINE

JAN 15 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Con	ection rporations	
SUBJECT:	ISLE OF VENICE LLC	
	(Name of Limited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondence	ondence concerning this matter to the following:	
	GLENN H GOPMAN CPA (Name of Person)	
	(Maile of Ferson)	
	LEVI & GOPMAN PA	
	(Firm/Company)	
	20590 West Dixie Highway	
	(Address)	
	Aventura, FL 33180	
	(City/State and Zip Code)	
For further information c	concerning this matter, please call:	
	GLENN GOPMAN at ( 305 )937-2272	
(Name o	of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	المسا

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

ISLE OF VENICE 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 \_\_\_\_\_\_ November 5, 2007 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BAY HARBOR ISLAND VENTURES LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) , Florida (City)

## 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 = Ma MGRM = 1	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	20
_		LLAHASSEE	TAN 14
	January 2008	FLORIDA	· , —————
Ç	\	er or authorized representative of a member  RD d or printed name of signee	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00