

LD 7000127123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

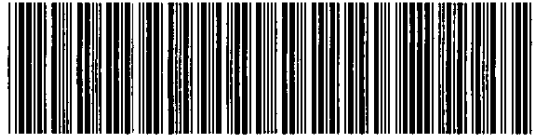
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2009 JUL 15 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TORTUGA HOLISTIC ISLAND
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:

Fabienne Montpeirous
Name of Person

Tortuga Holistic Island, LLC
Firm/Company

8395 SW 186th St
Address

Cutler Bay, FL 33157
City/State and Zip Code

fabibi22@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabienne Montpeirous at (305) 254 0650
Name of Person Area Code & Daytime Telephone Number

Enclosed 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) ☐ \$60.00 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2009 JUL 15 PM 12:51

TORTUGA HOLISTIC ISLAND

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/26/2007 and assigned
Florida document number 407000127123

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR Operating Manager	REGINALD MONTPEIROUS	8395 SW 186 th St, Cutler Bay, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR Operating Manager	FABIENNE MONTPEIROUS	8395 SW 186 th St, Cutler Bay, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM Vice Operating Manager	FABIENNE MONTPEIROUS	same	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM Vice Operating Manager	RAYMONDE ESTIME	same	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM Treasurer	RAYMONDE ESTIME	same	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM Treasurer	FABIENNE MONTPEIROUS	same	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

7/13, 2009.

Signature of a member or authorized representative of a member

Fabienne Montpeirous
Typed or printed name of signee

2009 JUL 15 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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