08000052818

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J. BRYAN

DEC 3 0 2008

EXAMINER

COVER LETTER

10:	Division of Co			•
SUBJE	CCT:	Isla	nd Hotties, LLC	0
SCEGE			nited Liability Company)	
The end	closed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
			Kevin Peters (Name of Person)	
			(Name of Person)	
			Island Hotties, LLC	8 5
			(Firm/Company)	男皇
			P.O. Box 1 002	29
			(Address)	P
		_	4 O. 1	Ţ.
		· Pol	rt St. Lucie, Fl 34984-6220 (City/State and Zip Code)	08 DEC 29 PH 4: 01
For furt	Kevir	concerning this matter, please of	at (_772) 336-2560	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclose	ed is a check for t	he 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		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Isla	and Hotties, LLC		9 6
(Name of the Limited Liability (A Florida L	Company as it now apperimited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Conference L08000052818	ompany were filed on	May 28, 2008	PH. C.
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company h	<u>ere</u> :	
N/A			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or registered agent and/or the new registered office address		our records, enter th	ne name of the new
Name of New Registered Agent:		N/A	
New Registered Office Address:	······································		
	(Enter Florida street address)		ress)
*************		, 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>	Address	Type of Action
MGRM	Keith Martinelli	111 Blossom Ln	■ Add
		Palm Beach Shores, Fl 33404	7 (Remove
MGRM	Kevin Peters	2803 SE Pace Dr.	Add
		Port St. Lucie. Fl 34984-6220	Remove
MGR	Cathleen Peters	2803 SE Pace Dr. Port St. Lucie, Fl 34984-6220	Add Remove
<u></u>			Add Remove
			Add Remove
			Add Reflove
D. If amer	nding any other informati	on, enter change(s) here: (Attach additional sheets, if nec	ressary.)
			SOLC 29 PH 4: 01
_		· A	
Dated	December 26	, 2008	
	Signs	ature of a member or authorized representative of a member	
		Kevin Peters	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00