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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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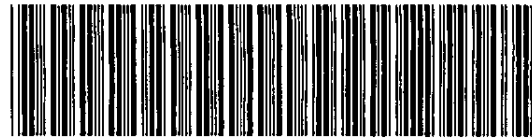
(Business Entity Name)

(Document Number)

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2013 AUG 23 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 26 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Island Club Investments, LLC
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:

Jubal Mathis

Name of Person

Watson Sewell, PL

Firm/Company

5410 E. Co. Hwy 30-A Suite 201

Address

Seagrove Beach, FL 32459

City/State and Zip Code

jubal@watsonsewell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jubal Mathis

Name of Person

at (**850**) **2313465**

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

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2013 AUG 23 PM 12:17
CLERK OF COURT
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Island Club Investments, 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 01/05/2009 and assigned
Florida document number L09000000923

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)

5410 E. Co. Hwy. 30A, Suite 213

Seagrove Beach, FL 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5410 E. Co. Hwy. 30A, Suite 213

Seagrove Beach, FL 32459

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:

Robin J. Fowler

New Registered Office Address:

22 Seven Wells Ct.

Enter Florida street address

Alys Beach

Florida 32461

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.

Robin J. Fowler
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:

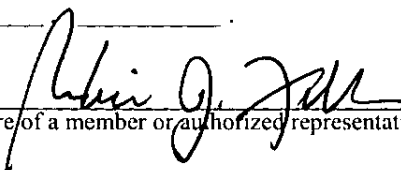
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

Dated _____



Signature of a member or authorized representative of a member
Robin J. Fowler

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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