

# L09000029124

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2011 JUL 19 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 19 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Islandpilots.com, 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:

Steve Humfleet

Name of Person

Islandpilots.com, LLC

Firm/Company

16411 Oakview Circle

Address

Alva, FL. 33920

City/State and Zip Code

steve@islandpilots.com

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

For further information concerning this matter, please call:

Steve Humfleet

Name of Person

at ( 239 )

848-5991

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

2011 JUL 18 PM 3:00

Islandpilots.com, LLC

SECRETARY OF STATE

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

The Articles of Organization for this Limited Liability Company were filed on 03/23/2009 and assigned  
Florida document number L09000029124.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

16411 Oakview Circle

**(Principal office address MUST BE A STREET ADDRESS)**

Alva, FL. 33920

Enter new mailing address, if applicable:

16411 Oakview Circle

**(Mailing address MAY BE A POST OFFICE BOX)**

Alva, FL. 33920

**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:

Keep Existing (Stephen A. Humfleet)

New Registered Office Address:

16411 Oakview Circle (New Address)

*Enter Florida street address*

Alva

, Florida

33920

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.*

*N/A*

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>
MGRM	William R. Dunaske	4464 SW 37 Ave Fort Lauderdale, FL 33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

1. Change the physical address AND registered agent address AND mailing

addresses to: 16411 Oakview Circle, Alva, FL. 33920

2. Remove William R. Dunaske (see above)

3. Maintain all other existing information, including registered agent name.

Dated July 11, 2011



Signature of a member or authorized representative of a member

Stephen A. Humfleet

Typed or printed name of signee

FILED  
2011 JUL 19 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA