

LOG000092730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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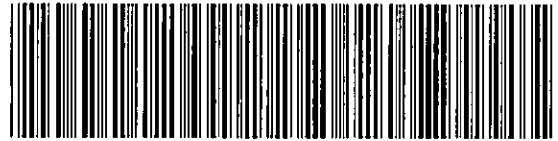
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND TRADER HOLDINGS, 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:

Renee Logan

Name of Person

Gonano Law PLLC

Firm/Company

5550 US Highway 1, Suite 3

Address

Ft. Pierce, FL 34982

City/State and Zip Code

rlogan@gonanolaw.com

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

For further information concerning this matter, please call:

Renee Logan

772

464-1032

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

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

ISLAND TRADER HOLDINGS, 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 9/25/2009 and assigned
Florida document number L09000092730.

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 contain 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:

Alexzander Gonano, Esq.

New Registered Office Address:

5550 US Highway 1, Suite 3

Enter Florida street address

Ft. Pierce

City


Florida

34982

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 605, 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

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TALLAHASSEE, FL

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	Michael J. Belden	1140 SW Chapman Way #410	<input type="checkbox"/> Add
		Palm City, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	Cindy L. Belden	1140 SW Chapman Way #410	<input type="checkbox"/> Add
		Palm City, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Exude Holdings, LLC	30 Gould Street, Suite 4	<input checked="" type="checkbox"/> Add
		Sheridan, WY 82801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF STATE
TALLAHASSEE, FL

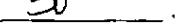
[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 30 2024

30 2024



Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Richard Gunn

Typed or printed name of signee

2024 OCT 23 AM 10:57
SCT - TWR OF STATE
TALLAHASSEE, FL

THE

Filing Fee: \$25.00