

L10000054916

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DIVISION OF CORPORATIONS
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T. HAMPTON
SEP 28 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIGHTLIFE ISLAND, 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:

T.J. HEINEMANN, ESQ.

Name of Person

FOX, WACKEEN, DUNGEY

Firm/Company

3473 SE WILLOUGHBY BLVD.

Address

STUART, FL 34994

City/State and Zip Code

tjheinemann@foxwackeen.com

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

For further information concerning this matter, please call:

T.J. HEINEMANN

Name of Person

at (772)

287-4444

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**

NIGHTLIFE ISLAND, 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 05/21/2010 and assigned
Florida document number L10000054916.

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)

378 S.E. PORT ST. LUCIE BLVD.

SUITE 1011

PORT ST. LUCIE, FL 34984

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3627 S.W. SUNSET TRACE CIRCLE

PALM CITY, FL 34990

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:

T.J. HEINEMANN, ESQ.

New Registered Office Address:

3473 SE WILLOUGHBY BLVD.

Enter Florida street address

STUART

, Florida

34994

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.

T.J. Heinemann
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:

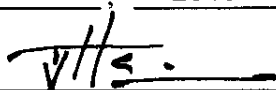
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KENNETH L. WYATT	3627 S.W. SUNSET TRACE CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EUGENE WYATT	378 S.E. PORT ST. LUCIE BLVD. SUITE 1011 PORT ST. LUCIE, FL 34984	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KENNETH WYATT	378 S.E. PORT ST. LUCIE BLVD. SUITE 1011 PORT ST. LUCIE, FL 34984	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RICHARD JACKSON	378 S.E. PORT ST. LUCIE BLVD. SUITE 1011 PORT ST. LUCIE, FL 34984	<input checked="" 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.)*

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 27 PM 1:47

Dated SEPTEMBER 23, 2010



Signature of a member or authorized representative of a member

T.J. HEINEMANN - AUTHORIZED REP.

Typed or printed name of signee