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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TSLAND RETREAT CLEANING 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:
LESTER J. TROYER Name of Person
ISLAND RETREAT CLEANING LLC Firm/Company
908-70 TH DR E Address
SARASOTA FL 34243 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LESTER T. TROYER at (941) 232-9111 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

(A Florida Limited Liability Company)	is on our records.
The Articles of Organization for this Limited Liability Company were filed on <u>c</u> Florida document number <u>L10000824</u> 63	08/04/20/0 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and end with the words "Limited Liability Comp "L.L.C."	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	y-i
	2 F
Enter new mailing address, if applicable:	329 3888
(Mailing address MAY BE A POST OFFICE BOX)	
Truning quaress MAT BE A FOST OFFICE BOAT	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	
En	nter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Type of Action Title Name **Address** MGR SOMERS-TROYER, CHRIS 908-70THDRE SARASOTA, FL 34243 ☐ Add **X** Remove ☐ Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) LESTER J. TROYER HAS 100% OWNERSHIP OF ISLAND RETREAT CLEANING LAC. Dated 02/27/20/2 Signature of a member or authorized representative of a member LESTER J. TROYER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00