1100000091353

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000301653930

07/27/17--01008--010 **25.00

2017 JUL 27 AM II: I H

J. HARRIS

COVER LETTER

TO: , Registration Section Division of Corporations
SUBJECT: Marina Isla UC 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:
Enrique F. Sarchez Name of Person
marina Isla, UC Firm/Company
U319 Newton or# Al
Tampa, FL 33ul5 City/State and Zip Code Dream homes tampa o yahoo · com, E-mail address: (to be used for future annual seport notification)
For further information concerning this matter, please call:
Enrique Fo Sanchez at (813) 417 - 6971 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporation
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

Marina ISIa, LLC (Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000091353</u>	were filed on 8 30 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C." U319 Newton (1r # A1 Tampa, FL 33415
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6319 Newton Or# A1- Tampa, FL 33015
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new e :
Name of New Registered Agent: INCS P	bscual Inuton cir A1
Tampa	Enter Florida street address FL , Florida 38U 5 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	

If Changing Registered Agent, Signature of New Registered Agent

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 limits

company has been notified in writing of this change.

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

Tirle Name Address Type of Action

MGR Enrique F. Sancrez 10319 Nowton Cir#A1 Add

Tampa, FL 33115 Remove

AChange

MGr Eva campos 10319 Nowton Cir#A1 Add

Tampa, FL 33115 Remove

AChange

Address Type of Action

Address Type of Action

Remove

AChange

Address Type of Action

Remove

AChange

Ambr Eva campos 10319 Nowton Cir#A1 Add

Tampa, FL 33115 Agemove

Change

Ambr Ines Poscual 10319 Nowton Cir A1 XAdd

Tampa, FL 33115 Agemove

——————————————————————————————————————	
	Change
10319 Newton Cir A1	□ Add
Tampa, PL 33615	Remove
	Change
4319 Nowton d'r A1	Add
Tampa, FL 33015	☐ Remove
·	Change
	2917 Remove
	Remove 9
	S ≥ 17.
	<u> </u>
	Remove
	Change

					••••
•					
	-				
			**		
		<u> </u>			
					-
					
				<u> </u>	 _
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	·	
					
		ا ما م	2017		
ective date, if other to	than the date of fill	ing: 120	to date of filing or me	ure than 90 days after fi	1 2l) Jing A Pursuant to 605.
e: If the date inserted	in this block does no	st meet the applic	able statutory filing	requirements, this c	date will not be liste
ament's effective date	on the Department o	f State's records	•		
ecord specifies a ne 90th day after			t an effective t	me, at 12:01 a.	m. on the earlie
ic solil day after	the record is me	u ,			
ed 7 25 201	7				.
:0 <u>1 4 / 1 / 4 / 1 </u>		-· ——	·		11.00
, ,	c		->		## 6
	Signature of	a member or auth	orized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00