

L11000005010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

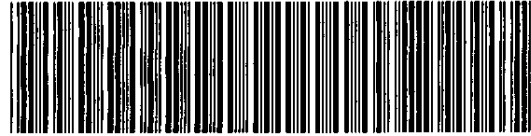
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900200646569

04/08/11--01032--019 **25.00

FILED

11 APR - 8 PM 12 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
APR 11 2011
EXAMINER

COVER LETTER

TO: 'Registration Section'
Division of Corporations

SUBJECT: Mandalay Island Fish Prints
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:

Vanessa J. Neff
Name of Person
Mandalay Island Fish Prints
Firm/Company
100 Colorado Ave
Address
Stuart, FL 34994
City/State and Zip Code
vneff@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Neff
Name of Person
at (772) 233-3990
Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR - 8 PM 12 23

FILED

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**

MANDALAY ISLAND FISH PRINTS 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 01/12/2011 and assigned Florida document number L11000005010.

This amendment is submitted to amend the following:

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

Mandalay Island LLC.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
11 APR -8 PM 12:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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	Jeremy Neff	100 Colorado Ave Stuart, FL 34994	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
11 APR - 8 PM 12:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

_____	_____	_____	<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.)*

Dated 4.6.2011 _____

Vanessa J. Neff
 Signature of a member or authorized representative of a member

Vanessa J. Neff
 Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00

FILED
11 APR - 8 PM 12:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA