

41000039882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

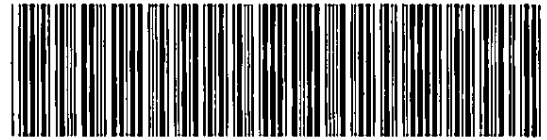
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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800319875328

800319875328
11/01/18--01023--020 **25.00

FILED
2018 NOV 15 AM 11:46
CLERK OF SUPERIOR COURT
STATE OF NEW YORK
18 NOV - 1 AM 11:46

Amend

NOV 10 2018

D CUSHING

October 31, 2018

VIA OVERNIGHT DELIVERY

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
850.245.6000

Re: Attached Articles of Amendment for Islander Real Estate Investments, LLC
L11000039882

To Whom It May Concern:

Please find attached the Articles of Amendment for Islander Real Estate Investments, LLC as well as check #5153 in the amount of \$25.00 for the filling fee.

Should you have any questions, please do not hesitate to contact me at me at (407) 367-4483.

Sincerely,

A handwritten signature in black ink that reads "B. Mia Donna Mota". The signature is fluid and cursive, with a large loop at the end of the last name.

B. Mia Donna Mota

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISLANDER REAL ESTATE INVESTMENTS, 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:

JEFFREY SPAFFORD

Name of Person

ISLANDER REAL ESTATE INVESTMENTS, LLC

Firm/Company

6143 GROSVENOR SHORE DR.

Address

WINDERMERE, FL 34786

City/State and Zip Code

jspafford1@aol.com

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

For further information concerning this matter, please call:

B. MIA DONNA MOTA

407

367-4483

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
NOV 19 11 45 AM '05

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

ISLANDER REAL ESTATE INVESTMENTS, 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 04/01/2011 and assigned
Florida document number L11000039882

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 "LLC."

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:

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 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

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>
AMBR	AMY D. SPAFFORD	6143 GROSVENOR SHORE DR. WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[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.

2018

Signature of a member or authorized representative of a member

JEFFREY P. SPAFFORD

Typed or printed name of signee