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## **COVER LETTER**

SUBJECT: Zs.	land Energy Name of Eimi	4 Entertainn Med Liability Company	nent L.L.c
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
Bivision of Corporations  SUBJECT: Island Frier ## Entertain ment L-L-C Name of Timbled Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Name of Person			
		Address	
	H-triesh nat	•	<u> </u>
For further information c			cation)
Dave Av Name o	1thout IN Ill of Person	Area Code Daytime	/ZZZ Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ÁRTICLES OF ORGANIZATION OF

Tony Willie and I	Islands Likic ST T
Tony Wille and I	uny as it now appears on our records.) 2 5 5 Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u> </u>	
This amendment is submitted to amend the following:	SO SO
A. If amending name, enter the new name of the limited liab	oility company here:
Tsland Energy Enterte	amment L.L.C
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.I.C." or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	10279 Thurston Groves
(Principal office address MUST BE A STREET ADDRESS)	Blud Seminole FL 33778
Enter new mailing address, if applicable:	10229 Thurston Graves
(Mailing address MAY BE A POST OFFICE BOX)	10229 Thurston Groves Blud Seminole FL 33778
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
registered agent and/or the new registered ornee address ner	<u>c</u> .
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

| Add | Remove |
| Change |
| Chang

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ffecti	ve date, if other than the date of filing:	
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parties that date inserted in this block does not meet the applicable statutory filing requirements, this date with	
locum	ent's effective date on the Department of State's records.	
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	the earlier
	90th day after the record is filed.	r the earlier
Dated .	8-14-2017	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized/representative of a member	
	Dave Anthous Wellie Typed or printed named signee	

Page 3 of 3

Filing Fee: \$25.00