L11000092610

	 					
(Re	equestor's Name)					
(Ad	dress)					
(Ad	dress)					
	y/State/Zip/Phone					
(CII	y/State/Zip/Pflone	= #j				
. PICK-UP	WAIT	MAIL				
. (Bu	siness Entity Nan	ne)				
,	•	•				
(DO	cument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer]				
opeoidi mottacijojia to	Tilling Officer.					
	•					
) 						

Office Use Only



000217358080

0PA9A2-17035-820-820.00

SECRETARY OF STATE

7012 JAN -9 PM 3: 34

J. BRYAN
JAN 1 0 2012
EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: Isla		Sprouter, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing,		
Please return all corre	spondence concerning this matte	r to the following:		
		Brian Maclean		
		Name of Person		
	·	Island Sprouter, LLC		
	,	Firm/Company		
		7491 Pinehurst Road	TALLAHASSEE, FLORID	
		Address	型えて	4
	В	okeelia, Florida,33922	SSET	7
		City/State and Zip Code	Tropies in the second	
		andSprouter@live.com	9至 2	
		to be used for future annual report notifica	nuon).	
For further informatio	n concerning this matter, please	call:		
	Brian Maclean		34-1102	
Nam	e of Person	Area Code & Daytime 1	elephone Number	
Enclosed is a check fo	or 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

	Island Spro	outer, LLC	· ·			
(Name of the Limite	d Liability Compa A Florida Limited I	<u>ny as it now appea</u> Liability Company)				
The Articles of Organization for this Limited	were filed on	8/11/2011	and assigned			
Florida document number L1100009						
This amendment is submitted to amend the fol	·	ility company he	<u>re</u> :	and assigned LLC" or the abbrewiation		
The new name must be distinguishable and end w 'L.L.C."	rith the words "Limi	ited Liability Compa	any," the designation "l	LLC" or the and reviation		
Enter new principal offices address, if appli	Enter new principal offices address, if applicable:		7491 Pinehurst Road			
(Principal office address MUST BE A STRE	ET ADDRESS)	Bokeelia, Florida				
		33922				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7491 Pinehurst Road Bokeelia, Florida				
		33922				
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	_	<u>e</u> :	our records, <u>enter (</u>	the name of the new		
New Registered Office Address:	7491 Pinehurst Road					
TOW INDICATE OF THE PROPERTY.	Enter Florida street address					
		Bokeelia	, Florida	33922		
		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 **Title** Name <u>Address</u> **Type of Action** Dana Kinney MGRM 4149 Shellcrest Road ☐ Add Saint James City, Florida √ Remove 33956 MGRM Donna Kinney 4149 Shellcrest Road Remove Saint James City, Florida 33956 ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 20 Dated Signature of a member or authorized representative of a member Dana Kinney Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00