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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| P!CK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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COVER LETTER

| TO: Registration Sect Division of Corpo | | .• | | |
|--|---|--|--|-------------|
| SUBJECT: | Name of Limited Hability | t/Erpart, | LLC | |
| The enclosed Articles of Articles | nendment and fee(s) are submitted for fil | ing. | | |
| Please return all correspond | ence concerning this matter to the follow | ing:- | | |
| | Daniel Baus Name o | SALA f Person | · | |
| | S:/0 | | | |
| | Firm/C | ompany | | |
| | 32/0 Harrie | t Ave | | |
| | City State as Abaussau (a E-mail address: (to be used for I | nd Zip Code Nation 1, 00 Unitarie annual report notification | 1913 & 19 | is. |
| For further information con | cerning this matter, please call: | | ### \\ | - 50 14- |
| Daviel Name of P | Bausan at (4 | 107) 489-23 Area Code & Daytime Tele | 779 cphone Number | |
| Enclosed is a check for the | following amount: | | | |
| \$25.00 Filing Fee | Certificate of Status Certif | Filing Fee & ied 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

| (Name of the Limited Liabi | ity Company as it now appears | on our records.) | <u></u> | |
|---|--------------------------------|---|----------------------|---|
| (A Flond | da Limited Liability Company) | , , | | |
| The Articles of Organization for this Limited Liability | y Company were filed on | 1/05/2012 | and assign | ned |
| Florida document number <u>L 1 Z0000 3 / 3</u> | <i>310</i> . | • | | |
| | | | | |
| This amendment is submitted to amend the following | | | | |
| A. If amending name, enter the new name of the li | imited liability company here: | | | |
| Island Style Im | parts LL | | | |
| The new name must be distinguishable and end with the | | ," the designation "LLC | " or the abb | reviation |
| 'L.L.C." | | | | |
| Enter new principal offices address, if applicable: | | | En: | |
| <u>(Principal office address MUST BE A STREET AD</u> | DRESS) | 7-11 | (1) (1) | |
| | | ¥ = × = ¥ | (461 5000 4000 | |
| | | ر آن ا مار در ان | 5 | |
| Enter new mailing address, if applicable: | | 167 | <u>-m</u> | ÷ • • • • • • • • • • • • • • • • • • • |
| (Mailing address MAY BE A POST OFFICE BOX) | | 1 N | <u>; 🔗 </u> | <u>· · · · · · · · · · · · · · · · · · · </u> |
| | | د الهراب الرابع الرابع | <u> </u> | |
| P. If amonding the registered agent and/or reserved | | | | 41 |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office a | ddress here: | r records, enter the | name or 1 | me new |
| | | | | |
| Name of New Registered Agent: | | · | | |
| New Registered Office Address: | | | | |
| | Enter | · Florida street address | 3 | |
| | | , Florida | | |
| | City | 2 | 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = M MGRM = | anager Managing Member | | |
|-------------------|---------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
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| | | | Add. Remove |
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| | | | |
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| | ng any other information, enter change(s) here: (Attach additional sheets, if necessary |
|---|--|
| | |
| | |
| | |
| | |
| | June 20th, 2013. |
| | C. Lean |
| _ | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |

Filing Fee: \$25.00