## L12 6000 85971

(Reque	stor's Name)
(Addres	ss)
(Addres	s)
(City/St	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:

Office Use Only



900275844179

08/10/15--01038--001 \*\*425.00



AUG 1 1 2015 J SHIVERS

## **COVER LETTER**

TO: Registration So Division of Co		•	
Island Way	y Jupiter, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	John L. Soileau		
		Name of Person	<del></del>
	Watson, Soileau, DeLeo, I	Burgett & Pickles, P.A.	
		Firm/Company	·
	3490 North U.S. Highway	I	
	<del></del>	Address	
	Cocoa, FL 32926		
		City/State and Zip Code	
	jsoileau@brevardlawgroup.  E-mail address: (	com to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	•	······ ,
John L. Soileau		321 631-1550 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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 Way Jupiter, LLC		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our reco rida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	y Company were filed on 07/09/2012	and assigned
Florida document number L12000088971		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	<u> </u>	ds, enter the name of the ne
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		0 30
	Enter Florida street addi	Florida 6
	City , 1	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	38 CM

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>	Address	Type of Action
MGRM	Shah, Mahesh	402 High Point Drive, Ste 101	Add
		Cocoa, FL 32926	■ Remove
			□ Change
MGRM	Donnini, Gerald J.	3501 SW Corporate Parkway	
		Palm City, FL 34990	■ Remove
			☐ Change
MGR	Shah, Mahesh	402 High Point Drive, Ste 101	■ Add
		Cocoa, FL 32926	☐ Remove
			□ Change
MGR	Donnini, Gerald J.	3501 SW Corporate Parkway	Add
		Palm City, FL 34990	Remove
			☐ Change
MGR	Shah, Summit	402 High Point Drive, Ste 101	
	Cocoa, FL 32926	Cocoa, FL 32926	Remove
			□ Change
			□ Add
			□ Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary		
_			
-			<del></del>
_		•	
_			
-		-	
_			
_			
_			
_			
_			·····
_		20-0	
-		25-27	5 A
		75 77 C	AUG
_		\$2.5 \$2.5 \$2.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3	0
		<u> </u>	3
ffecti	ve date, if other than the date of filing: (optional)		<del>ာ</del> ((
ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	Pursuanti Will not b	to:605.020 e listed a
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the e	earlier o
ated .	June 22 2015		
	M. h		<b></b>
	Signature of a member or authorized representative of a member		
	Signature of a member of auditorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00