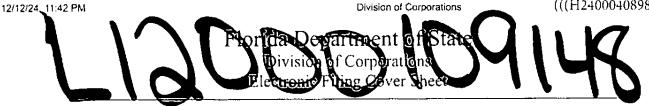
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Account Name : DORCEY LAW FIRM, PLC

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TO: Registration So Division of Cor					
	ESTROOMS, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
ricase return an correspo	indence concerning this matter	to the following:			
	Michael A. Scott				
		Name of Person			
	Dorcey Law Firm				
Firm/Company					
	10181 Six Mile Cypress Pkwy, Suite C				
		Address			
	Fort Myers, FL 33966				
	City/State and Zip Code				
	support@dlfregisteredagent	.com to be used for future annual report notif	cetton		
For further information c	oncerning this matter, please of		, suitari		
Michael A. Scott	Meering this matter prease co	239 308-1073			
	6 h	at (Telephone Number		
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Fax: +12394180048 From: Joshua Dorcey Docusign Envelope ID: 70347C71-5E4E-4563-A3EF-537B1718FCFC

To: Sunbiz etile account (LLC) Fax: +18506176383

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

ISLAND RESTROOMS, LLC			
(Name of the Limited Liability Cor (A Florida Limit	ed Liability Company)	ecorus.)	
The Articles of Organization for this Limited Liability Compa Florida document number 1.12000109148	any were filed on 08/24/2012	:	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
		: -	<u>-</u> ?
Enter new mailing address, if applicable:		<u> </u>	0 11 <u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		. · ·	10 1
			<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records. <u>er</u>	nter the name of t	hesnew register
New Registered Office Address:	Enter Florida street a		
	City		r Code
New Registered Agent's Signature, if changing Registered Age	•	***	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complo accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	 igree to act in this capacity. ete performance of my dutie. is provided for in Chapter 6	s, and I am famili 05, F.S. Or. if thi	iar with and s document is
<u>ir c</u>	hanging Registered Agent, Signat	ure of New Registere	d Agent

From: Joshua Dorcey Fax: +12394180048 To: Sunbiz etile account (LLC) Fax: +18506176383 Page: 6 of 7 12/12/2024 10:49 AM (\(\frac{1}{1}\) 12/12/2024 10:49 AM (\(\frac{1}\) 12/12/2024 10:49 AM (\(\frac{1

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Vaughn, Casey	P.O BOX 1197	■ Add
		TAVERNIER, FL 33070	□Remove
			☐ Change
MGR Davis Brandon	Davis Brandon	P.O BOX 1197	□∧dd
		TAVERNIER, FL 33070	Remove
			Change
			□Add
			Remove
		<u></u>	Change
			□Add
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
			□Add
			□ Remove
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