

To: 850-617-6383

From: LOSSES 168

Pg 1/4 10/17/14 10:06 am

Division of Corporations

<https://efile.sunbiz.org/scripts/efilecovr.exe>

L13000097001

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ACCOUNTANT & MANAGEMENT INC  
Account Number : 120110000070  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2014 OCT 17 AM 10:26  
CALL CENTER FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ISLAS CIES, LLC

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A. LUNT

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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Corporate Filing Menu

Help

H140002428903  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

**ISLAS CIES LLC**

**(Name of the Limited Liability Company as it now appears on our records.)**  
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/08/2013  
 Florida document number L13000097001

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

4380 7th. Ave. NW

NAPLES, FL 34119

US

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4380 7th. Ave. NW

NAPLES, FL 34119

US

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

**New Registered Office Address:**

9045 STRADA STELL COURT, SUITE 400

Enter Florida street address

NAPLES

City

Florida 34109

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 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**

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To: 850-617-6383

From: moses nae

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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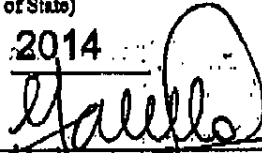
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated OCTOBER 10, 2014



Signature of a member or authorized representative of a member

SOFIA GALELLA

Typed or printed name of signer

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