

L13000124094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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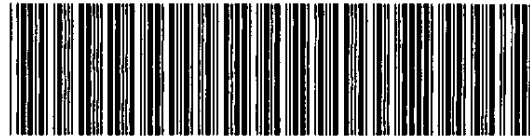
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 23 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Island Jewel II, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA CARLINI
Name of Person

THE ISLAND JEWEL II LLC
Firm/Company

13623 TROIA DRIVE
Address

ESTERO FL 33928
City/State and Zip Code

theislandjewel@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA CARLINI at (239) 273-2637
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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RECEIVED AT STATE
TALLAHASSEE, FLORIDA

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

The Island Jewel II, L.L.C.

(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 Sept 3, 13 and assigned
Florida document number L 13000124094

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)

1133 Estero Blvd #101
Ft Myers Beach FL 33931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MARIA CARLINI
13623 TROIA DRIVE
ESTERO FL 33928

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:

MARIA CARLINI

New Registered Office Address:

13623 TROIA DRIVE

Enter Florida street address

ESTERO

City

, Florida

33928

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.

Maria Carlini
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANNA Giglio	21018 TORRE DEL LAGO ESTERO, FL, 33928	Add <input checked="" type="radio"/> Remove
MGRM	Michael Carini	13623 TROIA DRIVE ESTERO, FL, 33928	<input checked="" type="radio"/> Add Remove
			Add
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ALL RECORDS OF STATE
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

Sept 14, 2013

Maria Carlini

Signature of a member or authorized representative of a member

MARIA CARLINI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA