

L13000175725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

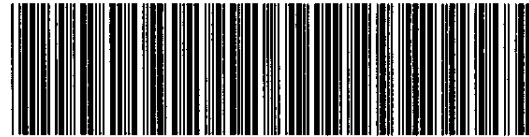
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 0910

B. BOSTICK

JAN 10 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Island Gold Invest LLC**

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:

Antoine Gendre

Name of Person

Wolkar LLC

Firm/Company

805 N Andrews Ave

Address

Ft Lauderdale FL 33311

City/State and Zip Code

antoinegendre@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antoine Gendre

Name of Person

at **954 530-1337**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

RECEIVED
TALLAHASSEE, FL 32301

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

Island Gold Invest 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 12/20/2013 and assigned
Florida document number L13000175725.

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)

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	CLERK OF CIRCUIT COURT
	TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, **Florida**

City

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

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>
MGRM	FRANCL FABIEN	805 N Andrews Ave Ft Lauderdale FL 33311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGM	RAMPAL JEANNINE	805 N Andrews Ave Ft Lauderdale FL 33311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGM	RAMPAL SOPHIE	805 N Andrews Ave Ft Lauderdale FL 33311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RAMPAL JEANNINE	805 N Andrews Ave Ft Lauderdale FL 33311	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RAMPAL SOPHIE	805 N Andrews Ave Ft lauderdale FL 33311	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated **January 3** **2014**

Signature of a member or authorized representative of a member

Antoine Gendre

Typed or printed name of signee

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Filing Fee: \$25.00

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