

L14000071249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

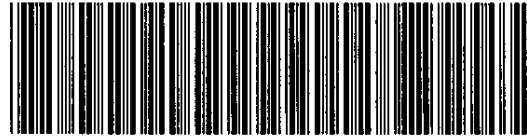
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 20 2014

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Island Jerk 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:

**Sandra R. Dammar**

Name of Person

**Island Jerk LLC.**

Firm/Company

**20571 Old Cutler Rd**

Address

**Cutler Bay, Florida 33189**

City/State and Zip Code

**srdammar@yahoo.com**

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

For further information concerning this matter, please call:

**Sandra Dammar**

Name of Person

at **(305) 801-7366**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Page 1 of 3

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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>
<u>vp</u>	<u>Shawna S. Dammar</u>	<u>17394 SW 283 St</u>	<input type="checkbox"/> Add
		<u>Homestead, Fl 33030</u>	<input checked="" type="checkbox"/> Remove
<u>S</u>	<u>Rohan P. Dammar Jr.</u>	<u>17394 SW 283 St</u>	<input type="checkbox"/> Add
		<u>Homestead, Fl 33030</u>	<input checked="" type="checkbox"/> Remove
<u>T</u>	<u>Rajiv R. Dammar</u>	<u>17394 SW 283 St</u>	<input type="checkbox"/> Add
		<u>Homestead, Fl 33030</u>	<input checked="" type="checkbox"/> Remove
<u>vp</u>	<u>Christopher S. Wheeler</u>	<u>20571 Old Cutler Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Cutler Bay, Fl 33189</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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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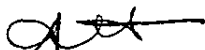
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(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

Sandra R. Danner

Typed or printed name of signee

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