# L14000071249

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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 2 0 2014

T. HAMPTON

## **COVER LETŢER**

<b>)</b> :	Registration Section Division of Corporations
SUBJE	Island Jerk LLC.
	Name of Limited Liability Company
he en	closed Articles of Amendment and fee(s) are submitted for filing.
lease	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 fur	ther information concerning this matter, please call:
Sa	ndra Dammar 305, 801-7366
	Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS: Registration Section Division of Corporations

□ \$25.00 Filing Fee

P.O. Box 6327

□ \$30.00 Filing Fee &

Certificate of Status

Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

■ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

Island Jerk LLC.	
(Name of the Limited Liability Company (A Florida Limited Lia	( as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on \$-\frac{5}{2014} and assigned
Florida document number <u>14000071249</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and end with the words "Limited Liabili	ity 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)	52 8 77
	TET T
	SS S
Enter new mailing address, if applicable:	Fig. 3
(Mailing address MAY BE A POST OFFICE BOX)	021 :: 021 :: 33 ::
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ely code

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

	And the state of t		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>vp</u>	Shawna S. Dammar	17394 SW 283 St	
		Homestead, Fl 33030	Remove
<u>S</u>	Rohan P. Dammar Jr.	17394 SW 283 St	□ Add
		Homestead, FI 33030	■ Remove
<u>T</u>	Rajiv R. Dammar	17394 SW 283 St	
		Homestead, FI 33030	Remove
<u>vp</u>	Christopher S. Wheeler	20571 Old Cutler Rd	■ Add
		Cutler Bay, FI 33189	□ Remove
			Add
		The state of the s	<u>ω</u> □ Remove
			SECRETARY OF STATE Remove
			OCT IL AM II: SONOVE

ctive date, if other than the date of filing: (option of the control of th
October 10 2014

Page 3 of 3

Filing Fee: \$25.00

