Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003758913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387

: (813)229-7600

Fax Number

: (813)229-1660

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

Email Address: spchristopher@cfaminycstments.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ISLAND VILLAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

NOV 13 2024

Electronic Filing Menu

Corporate Filing Menu

Help

Docusign Envelope ID: C38E319F-5BDB-4582-A3B1-41C4BD9DA2C5 H24000375891 3 COVER LETTER

ISLAND	VILLAS, LLC				
SUBJECT:	Division of Corporations ISLAND VILLAS, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following. Sean Patrick Christopher				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following.			
	Sean Patrick Christopher				
		Name of Person			
	Island Villas, LLC				
		Firm/Company		_	
	2402 W. Cleveland Street				
		Address		<u></u>	
	Tampa, FL 33609				
		· · · · · · · · · · · · · · · · · · ·	ode		
			iual report notif	ication)	
For further information			•		
Sean Patrick Christopher		. · ·	258-1313		
Name of Person			Daytime	: Telephone Number	
	_	_			
■ \$25.00 Filing Fee		Certified Copy	y	Certificate of Status & Certified Copy	
<u>M</u> ailing Addre	<u>58:</u>	Stree	t Address:		
Registration Section		Regi			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

H24000375891 3

Tallahassee, FL 32314

Docusign Envelope ID: C38E319F-5BDB-4582-A3B1-41C4BD9DA2C5

HC4BD9DA2C5 ARTICLES OF AMENDMENT TO

H240003758913

ARTICLES OF ORGANIZATION OF



Island Villas, LLC			LORID.
(Name of the Lim	ited Liability Company (A Florida Limited Lia	y as it now appears on our ibility Company)	records.)
The Articles of Organization for this Limited I Florida document number <u>L14000091062</u>	Liability Company w	rere filed on 6/05/2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STRE	cable:	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BON)	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		dress on our records,	enter the name of the new register
Name of New Registered Agent:	CT CORPORATION SYSTEM		
New Registered Office Address:	1200 S PINE ISL		
		Enter Florida street	
	PLANTATION		_, Florida <u>33324</u>
		City .	Zıp 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.

Madonna Cuddihy

If Changing Registered Agent, Signature of New Registered Agent

Madonna Cuddihy, Assistant Secretary

2024/11/12 13:30:47 5 /7

Docusion Envelope ID: C38E319F-58DB-4582-A3B1-41C4BD9DA2C5
IT amending Authorized rerson(s) authorized to manage, enter the title, name, and address breadt person being added H240003758913 MGR = Manager AMBR = Authorized Member <u>Address</u> Title Name □Adđ □Remove __ Change _____ □Add □Remove _____ Change □Add ____ □Remove ____ Change \square Add □Remove Change □ Change

Docusign Envelope ID: C38E319F-5BDB-4582-A3B1-41C4BD9DA2C5

H24000375891 3

						7 %	
						TALLAWASSEE. F	-
					-	P 2	, i
				 -		788K) D
					<u></u>	<u> </u>	Š _
						65.	l 4: 32
							7.
							
	<u> </u>						
			<u> </u>				
			<u></u>				
		<u>.</u>					
Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	be specific and c ck does not me	annot be prior et the applic	able statutory	or more than 90 filing requiren	(optional days after filin nents, this dat	g.) Pursuant to 605.	0207 (. ed as tl
e record specifies a delayed effective rd is filed.	date, but not a	n effective ti	ime, at 12:01 a	a.m. on the ear	lier of: (b) T	he 90th day after	the
		2024					
November 12 Dated							
Dated November 12 Scan Patrick (Linistophi	· · · · · · · · · · · · · · · · · · ·			tative of a memb			

H240003758913

Filing Fee: \$25.00