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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 08 2015  
J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Island Life Hammocks, 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:

Laura Andes  
Name of Person  
Island Life Hammock Co.  
Firm/Company  
329 W. Venice Ave.  
Address  
Venice, FL 34285  
City/State and Zip Code  
islandlifehammocks@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Andes at (941) 484-2726  
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 &<br>Certificate of Status | <input 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

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

Island Life Hammocks, 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 7/16/2014 and assigned Florida document number L14000112352

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 contain 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)**

329 W. Venice Ave.

Venice, FL 34285

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

329 W. Venice Ave.

Venice, FL 34285

**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:**

Laura Andes

**New Registered Office Address:**

329 W. Venice Ave.

Enter Florida street address

Venice

City

Florida

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.*

Laura G. Andes

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Laura Andes	329 W. Venice Ave.	<input type="checkbox"/> Add
		Venice, FL 34285	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Mark Andes	236 Park Blvd. S.	<input type="checkbox"/> Add
		Venice, FL 34285	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please change:

① Laura Andes from MGR → to AMBR  
329 W. Venice Ave.  
Venice, FL 34285

② Please remove:

Mark Andes - AMBR  
236 Park Blvd. S.  
Venice, FL 34285

15 SEP - 4 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8/29, 2015.

Laura G. Andes

Signature of a member or authorized representative of a member

Laura G. Andes

Typed or printed name of signer