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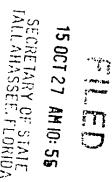
| (Re                     | equestor's Name)   |                                       |
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| (Ad                     | dress)             |                                       |
| (Cit                    | ty/State/Zip/Phone | <del>;</del> #)                       |
| PICK-UP                 | ☐ WAIT             | MAIL                                  |
| (Bu                     | siness Entity Nan  | ne)                                   |
| (Do                     | ocument Number)    |                                       |
| Certified Copies        | _ Certificates     | of Status                             |
| Special Instructions to | Filing Officer:    |                                       |
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## COVER LETTER

| Division of Cor                  |  |   |   |
|----------------------------------|--|---|---|
| 2701 ISAB<br>SUBJECT:            | EL, LLC                                      |   |   |
| SUBJECT:                         | Name of Lim                                  | ited Liability Company  |   |
| The enclosed Articles of         | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspondence | ondence concerning this matter               | to the following:   |   |
|                                  | Stephen MacIsaac                             |   |   |
|                                  |  | Name of Person  |   |
|                                  | Stephen MacIsaac, PA                         |   |   |
|                                  |  | Firm/Company  |   |
|                                  | 2525 Park City Way                           |   |   |
|                                  |  | Address   | <del></del>   |
|                                  | Tampa, FL 33609                              |   |   |
|                                  |  | City/State and Zip Code   |   |
|                                  | macisaaclaw@gmail.com                        | to be used for future annual report notific                         | ection)   |
| For Code of the Commission of    |  | •   | ationy  |
|                                  | concerning this matter, please c             |   |   |
| Stephen MacIsaac                 |  | 813 877-8125<br>at ()   |   |
| Name o                           | of Person                                    | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for t        | he 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| MAIL                             | ING ADDRESS:                                 | STREET/COURIE   | R ADDRESS:  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2701 Isabel, LLC   |  |                                       |       |  |  |  |
|--|--|---------------------------------------|-------|--|--|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I   | ny as it now appears on our records.)<br>Liability Company)                      | <del></del>                           |       |  |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number  | were filed on  | and assigned                          |       |  |  |  |
| This amendment is submitted to amend the following:  |  |                                       |       |  |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |                                       |       |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC" or the abb                                   | reviation "L.L.C."                    |       |  |  |  |
| Enter new principal offices address, if applicable:  | 4532 W. Kennedy Blvd. #481   |                                       |       |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Tampa, Florida 33609   |                                       |       |  |  |  |
| •  |  | <u> </u>                              |       |  |  |  |
| Enter new mailing address, if applicable:  | 4532 W. Kennedy Blvd. #481   |                                       |       |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | Tampa, Florida 33609   |                                       |       |  |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  |  | he name of the new                    | ¥     |  |  |  |
|  |  | <u> </u>                              |       |  |  |  |
| Name of New Registered Agent:  | · · · · · · · · · · · · · · · · · · ·  |                                       |       |  |  |  |
| New Registered Office Address:   |  | SS N                                  | ⊳#≯   |  |  |  |
|  | Enter Florida street address   | TE.                                   | E The |  |  |  |
|  | , Florida  | 顶 Code O                              |       |  |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  |  | : <b>55</b>                           | المر  |  |  |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am fa<br>provided for in Chapter 605, F.S. Or, i | miliar with and<br>f this document is | 1     |  |  |  |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

| $\mathbf{AMBR} = \mathbf{AMBR} = \mathbf{AMBR}$ | Authorized Member |         |                |
|---|-------------------|---------|----------------|
| <u>Title</u>                                    | <u>Name</u>       | Address | Type of Action |
| <del> </del>                                    |                   |         |                |
|   |                   |         | □ Remove       |
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|   |                                       |                 |  |                                       | DA.  | लें           |     |
| <del></del>   |                                       |                 |  |                                       | DA<br>DA                                   |               |     |
| Effective date, if other than the if an effective date is listed, the date mu | date of filing                        | :               |  |                                       | (optional)                                 |               | 202 |
| <b>Note:</b> If the date inserted in this b                                   | lock does not m                       | eet the applica | to date of filing o<br>ible statutory fi | r more than 90 day<br>ling requiremen | s after filing.) Put<br>ts, this date will | not be listed | las |
| document's effective date on the D  | Department of St                      | ate's records.  | -  |                                       |  |               |     |
| he record specifies a delaye<br>The 90th day after the rec                    | d effective date                      | ate, but no     | an effectiv                              | e time, at 12                         | :01 a.m. on                                | the earlier   | of  |
| October 15th  |                                       | 2015            |  |                                       |  |               |     |
| Dated   | · ,                                   |                 |  |                                       |  |               |     |
| - \ \   |                                       |                 |  |                                       |  |               |     |

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Filing Fee: \$25.00