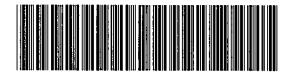
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CAYMAN ISLANDS Holding Co. 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:
Thomas E Schultz Name of Person
CAYMAN Is Lands Hicoring Co., INC
1016 CRESCENT STREET
Siesta Key FL 34242  City/State and Zip Code  HES 2253 @ gmail co-  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter please call:
Tom Schott at (239 682-/02005)  Name of Person Area Code Daytime Telephone Number 2000
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (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

CAYMON ISLANDE HOLDING CO., LLC

(Name of the Limited Liability Company as it now applears on our fecords.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company v Florida document number 9002627.76	vere filed on 7/30/14 and assigned 339 - L1400011 9117			
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1016 CAESCENT ST			
(Principal office address MUST BE A STREET ADDRESS)	Siesta Key, Ec 34242			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1016 CRESCENT ST SIESTAKZY, FL 34242			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here				
Name of New Registered Agent:  New Registered Office Address:  1016 C  51657	Enter Florida street address  Enter Florida Street address  City  Florida  Florida  Florida  Florida  Florida			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.  If Change	performance of my duties, and I am familiar with and specific provided for in Chapter 605, F.S. Or, if this document is			

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>itle</u>	uthorized Member <u>Name</u>	<u>Address</u>	Type of Action
16R	Michael Mc	clune 600 Ridg	<u> Road</u> □ Add
		ORANGE, CT	0 6477 ★Remove
h G N	Thomas E Scholpe	JR. 8 Indian Ro	ck Re □ Add
		WARREN TOWN	
		NEW TERSER	<u> </u>
46p	JAMES E SEL	Chester NY	
		<u>Onester to y</u>	7 0 97 8 peremove
			□ Add
m A D	E A MISTARE PLEASE	Remove. Icomp Ench Cine So y	Remove
0,000	I have y		
	mang	E Sele	Add
		<del> </del>	Remove
			SSEE FLORING RETOVE

D. II am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•	ONLY REMOVE 3 NAMES ON PROJE 200	<b>?</b> .
	I An the only manging member	
	Thomas E Scholtz	
	1016 CABSERAT ST SIESTAKEN KL	34242
(The ef	etive date, if other than the date of filing:    2 5 / 1 9   (optional)	
Date	d 8/25, 14.	
	Thomas E Show	
	Signature of a member or authorized representative of a member	_
	Thomas & Scholz	_
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

