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(Re	questor's Name)	
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COVER LETTER

	Registration Se Division of Cor			
011 11 11171		ISLAND INVESTMENTS, L	LC	
SUBJEC	1:	Name of Limi	ted Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter t	to the following:	
		VICTORIA J. ALVAREZ.	ESQ.	
			Name of Person	
		V.J. ALVAREZ & ASSOC	TATES, P.A.	
		-	Firm/Company	
		1202 N ARMENIA AVE		
			Address	
		TAMPA, FL 33607		
			City/State and Zip Code	
		VJALVAREZLAW@GMA	IL.COM o be used for future annual report notific	
				cation)
ror furthe	er information co	oncerning this matter, please ca	ill:	
VICTOR	IA J. ALVARE	Z, ESQ.	813 835-1955 at ()	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$ 25.0	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

HARBOUR ISLAND INVESTMENTS, LLC

(Name of the Limi	(A Florida Limited	iny as it now app Liability Compan	y)	
The Articles of Organization for this Limited L Florida document number L14000122516	iability Company	were filed on	08/05/2014	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	f the limited liab	ility company	here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," th	ne designation "LLC" or th	e abbreviation "ILL.C."
Enter new principal offices address, if applie	_			
(Principal office address MUST BE A STREE	T ADDRESS)			- 22
				2
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
•				
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>e</u> :	on our records, ent	ter the name of the new
New Registered Office Address:	 -			
		Enler i	Florida street address	
		Cin:	, Florida	Zip Code
New Registered Agent's Signature, if changing 1	Registered Agent	Ciú		zap Code
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registere being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agreer and complete stered agent as pregistered office change.	performance provided for the	of my duties, and I a. Chapter 605, F.S. (m familiar with and Or, if this document is limited liability

Page 1 of 3

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>	Type of Action
AMBR	BRENDA CARRILLO	700 S HARBOUR ISLAND BLVD	
		UNIT 245	■ Remove
		TAMPA GUAZZO	■ Remove
		TAMPA, FI. 33602	☐ Change
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			□ Remove
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ctive date, if ot	her than the da	te of filing	g:			(opti		
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ument's effective	date on the Depa	rtment of S	tate's record	s.				
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