# 11500050376

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## COVER LETTER

Div	dision of Corp	porations				
SUBJECT:	ISLANDST	YLAND STAGING & REM	ODELING, LLC.			
SOLDECT.		Name of Lin	ited Liability Company	<del></del>		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing			
Please return	all correspon	ndence concerning this matter	to the following:			
		IRIS M. MCDONALD				
Name of Person						
ISLANDSTYLAND STAGING & REMODELING						
Firm/Company						
530 RYE LANE						
		<del></del>	Address			
		DELRAY BEACH, FLOR	UDA 33444			
			City/State and Zip Code	<del></del>	2015 FAIRE	40182742
		SELLINGDELRAY@YAF			HAY YAN	1
Ean familian in	formation of	E-mail address. ( oncerning this matter, please c	to be used for future annual report notific	ation)	ASSI ASSI	
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IRIS MARII	E MCDÓNA		561 400.5607 at()		100 41.5 +1.5	er war stad in
	Name of	Person	Area Code Daytime 7	elephone Number	<b>8</b>	
Enclosed is a	check for the	e following amount:				
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

### MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Comp (A Florida Limited		rds)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>03/20/15</u>	and assigned
Florida document number L15000050376		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del>- 3., 2</del>
Enter new mailing address, if applicable:		SSE SSE
Mailing address MAY BE A POST OFFICE BOX)		T9 3 M
THE STATE OF THE S	<del></del>	88 = Camp
	<del></del>	<b>3 9</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		7.
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street addi	ress
<u>-,,</u>		Florida
	Chry	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.

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

Title	Name	Address	Type of Action
MGR	STARR, BRENDA M		Add
		2855 S GARDEN DR, 207 BLDG.	■ Remove
		<del></del>	☐ Change
MGR	SOLLO, MARIA V		<b>_</b> Add
		11301 SEA GRASS CIRCLE BOC	Remove
			Change
		·	☐ Remove
			TAIL AHASSEE FLURIDA.  Change
		<del>-</del>	Add Remove
			Change
			Add
			Remove
			☐ Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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-	20 25 25 25 25 25 25 25 25 25 25 25 25 25	7)
Note:	we date, if other than the date of filing:    coptional   Coptiona	0207 (3)( d,as the
docum	ent's effective date on the Department of State's records.	ram. <sup>j</sup>
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	er of:
Dated	MAY 8, 2015	
	Signature of a member or authorized representative of a member	
	IRIS MARIE MCDONALD	

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Typed or printed name of signee

Filing Fee: \$25.00