

L15000133549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800280205038

800280205038  
12/28/15--01025--003 \*\*30.00

2015 DEC 28 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

N. C. 100-100000 DEC-29-2000



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISLE OF CASPER, "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:

Cathy J. Stephan  
Name of Person

ISLE OF CASPER, "LLC"  
Firm/Company

325 STRATFORD RD.  
Address

ENGLEWOOD, FL 34223  
City/State and Zip Code

cathySTEPHAN@VERIZON.NET  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHY J. STEPHAN at ( 941 ) 740-5284  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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, Certificate of Status & 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

FILED  
2015 DEC 28 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ISLE OF CASPER, "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 08/05/2015 and assigned  
Florida document number L15000133549.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SAME

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)

SAME 325 STRATFORD RD  
ENGLEWOOD, FL  
34223

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

**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:

STEPHAN, CATHY J.

New Registered Office Address:

325 STRATFORD RD

Enter Florida street address

ENGLEWOOD

City

Florida

34223

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.

Cathy J. Stephan  
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>
MGR	CHARLES P STEPHAN STEPHAN, CHARLES P.	325 STRATFORD RD ENGLEWOOD, FL 34223	<input type="checkbox"/> Add <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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Change



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

---

---

---

---

---

---

---

---

NOTES:

CATHY J. STEPHAN WILL BE THE ONLY MANAGING  
MEMBER FOR ISLE OF CASPER, "LLC" AND SHE  
WILL BE THE REGISTERED AGENT.

SECRETARY OF STATE  
ALABAMA

2015 DEC 28 PM 12:38

FILED

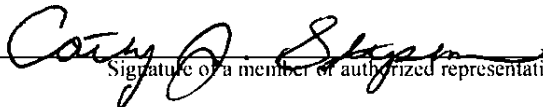
E. Effective date, if other than the date of filing: 12/21/2015 (optional)

(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 12/21/2015



Signature of a member or authorized representative of a member

CATHY J. STEPHAN

Typed or printed name of signee