1600005540

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(Requestor's Name)	
(Address)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	3 ISLANDS			
SOBJECT.			ited Liability Company	
				•
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		FABIO VARGAS		
			Name of Person	
		·	Firm/Company	
		5024 HEATHERLAKE TE	ER	
			Address	
		KISSIMMEE, FL 34758		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further is	nformation co	oncerning this matter, please ca	all:	
FABIO VA	RGAS		407 873-2485	
	Name of	Person	at ()	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

3 ISLANDS LLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our recor Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co. Florida document number L160000005540	ompany were filed on 01/07/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
nter new mailing address, if applicable:		534.
Mailing address MAY BE A POST OFFICE BOX)	-	6
		DEC HALL
		₩ 30
3. If amending the registered agent and/or registe		ds, enter the name of the
gistered agent and/or the new registered office additi	ess nere.	83
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street uddre	405
	, F	loridaZip Code
	City	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FABIO VARGAS	5024 HEATHERLAKE TER	Add
		KISSIMMEE, FL 34758	□ Remove
			Change
AMBR	ANGEL GARCIA	4698 PEMBROKE PLACE	
		ORLANDO, FL 32811	■ Remove
			`□ Change
			Add
			☐ Remove
			Change S O A 30
			□ Re move
			Change
			□ Add
		***************************************	□ Remove
			□ Change
			Add
			Remove
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Filing Fee: \$25.00