Ederida Department of State Division of Cosporations Gleanonie Filling Cover Sheet

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23	10.	Division of Co Fax Number	rporations : (8 5 0)617-6383		
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2023		Account Name Account Number Phone Fax Number	: GENERAL SOLUTIONS : I20140000086 : (305)255-3310 : (305)255-3320	· v.	2623 i s v
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ISOLA CONSTRUCTION GROUP LLC

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January 4, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

ISOLA CONSTRUCTION GROUP LLC 251 CRANDON BLVD SUITE 223 KEY BISCAYNE, FL 33149US

SUBJECT: ISOLA CONSTRUCTION GROUP LLC

REF: L16000047382

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Dlesse do not attempt to refax this decument until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt FAX Aud. #: H23000000981 Regulatory Specialist III Letter Number: 023A00000209

ARTICLES OF ORGANIZATION OF

ISOLA CONTRU			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.)	 -
The Articles of Organization for this Limited I	iability Company	were filed on 03/07/2016	and assigned
Florida document number L16000047382			
This amendment is submitted to amend the fol-	lowing;		
A. If amending name, enter the new name of	f the limited linb	pility company here:	
N/A			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.I.C."
Enter new principal offices address, if applic		N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOW		
WAT DE A FUST OFFICE	<u>D(JA)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a	address on our records, enter the r	name of the new registered
agent anotor the new registered office address	s nere:	To the state of th	2023
Name of New Registered Agent:	N/A		
New Registered Office Address:			30
- 111		Enter Florida street address	
		, Floridá	
Nam Burkanad Amara Ci		Ciņ	Zip Code
New Registered Agent's Signature, if changing F	legistered 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 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>	Address	Type of Action
MGR	SOL DE CAMPS	104 CRANDON BLVD 318	□Add
		KEY BISCAYNE FL 33149	≣Remove
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DI	ECEMBER 28		2022				
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