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COVER LETTER

TO: Registration S Division of Co					
ISLES C	CONSULTING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
·	MARSHA SIHA	···· · · · · · · · · · · · · · · · ·			
	INCFILE.COM LLC	Name of Person			
·	17350 STATE HWY	Firm/Company 249 SUITE 220		io SEC	
•	HOUSTON TX 7706	Address		JUN 21 ARELASSE AHASSE	
· · · · · · · · · · · · · · · · · · ·	MARSHA@INCFILE				
For further information of	E-mail address: (concerning this matter, please of	to be used for future annual report notific	ation)	Şen ₫	
MARSHA SIHA		888 462-3453			
Name o	of Person		Celephone Number		
Enclosed is a check for t	he following amount:	·			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	ING ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISLES CONSULTING LLC

IOLEG CONSOLTING LEC			
(Name of the Limi	ed Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited L Florida document number	iability Company were filed on _	05/02/2016	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company h	iere:	
,		<u></u> -	-1
The new name must be distinguishable and end with the	words "Limited Liability Company," the	designation "LLC" or the	abbreviation "K.b.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		MIC N
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/ registered agent and/or the new registered of		a our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	19111 COLLINS AVENUE	= APT 1004	
New Registered Office Address:		rida street address	
,	SUNNY ISLES		3160
	City		Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing of the company has been notified in writing the company has been notified in writin	er and complete performance of stered agent as propided for m (registered office address, I here	my duties, and I am Chapter 605, F.S. Or,	familiar with and if this document is

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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·			☐ Remove
			
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			PER

	••		☐ Remove
·			□ Add
			☐ Remove
•			

ARTICLE IV SHOULD READ AMBR Leonid Va	
	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State) JUNE 16 2016	(optional) ate and cannot be more than 90 days after
Dated	VAM
Signature of a member or authorized	representative of a member
Typed or printed nam	ne of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE