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(Re	equestor's Name)	,	
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Sing Your Wang	
	v	
	Island Watch tower, LLC Firm/Company 76589 Longleaf Loop Address	
	Yulce FL 32097 City/State and Zip Code Singliga @ amail-com E-mail address: (to be used for fuerre annual report notification)	16 AUG SECRETA TALLAHA
For furt	ther information concerning this matter, please call:	SSEED I
	Sing Your Wang at (716) 343 2757 Area Code Daytime Telephone Number	LED 11 PH 2: 59 ARY OF STATE ASSEE, FLORIDA
1	(additional copy is enclosed) Certified C	of Status &

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

Island Watch (Name of the Limited Liability Com (A Florida Limite	tower, LLC pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L16 りかり 13 98 ゆ</u> .ア	ny were filed on $\frac{1}{2}$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16 AU TALLA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the no
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>ıt:</u>	
I hereby accept the appointment as registered agent and a	gree to act in this capaci	ity. I further agree to comply with t

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** <u>Name</u> **Address** Type of Action _□ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add <u>∩</u> □ **Z**emove Remove Change □ Add □ Remove ☐ Change _□ Add ☐ Remove

☐ Change

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fan effect <u>Note:</u> If	e date, if other live date is listed, the date inserte t's effective dat	the date must be d in this block	specific and does not m	cannot be prio eet the appli	r to date of filing cable statutory	g or more than 9	(optional) 0 days after filin ments, this dat	l) g.) Pursuant to 605. e will not be liste	.0207 ed as
	rd specifies a Oth day afte			ate, but n	ot an effect	ive time, at	12:01 a.m	. on the earlie	er of
Dated	* A	ugust	<u></u> ,	20/6.	·				
	,	Sig)	·				

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Filing Fee: \$25.00