L/6000/55407

(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	ldress)	
(,,,		
(Cit	ty/State/Zip/Phone	±#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	<u></u>
(50	iomicoo Emily Man	,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Considerations to	Filtra 081	<u> </u>
Special Instructions to	Filing Officer:	

Office Use Only



400290295494

09/27/16--01005--008 **25.00

2816 SEP 26 AM 11: 00

2016 SEP 26 AMII:

K. SALY SEP 2 9 2016

COVER LETTER

TO: Registration Sec Division of Corp			٠
SUBJECT: IS C	d Company Name of Lin	Duty Fr.	ce, LLC
	,	/	
The enclosed Articles of A	amendment and fee(s) are su	bmitted for filing.	
Please return all correspon	dence concerning this matte	r to the following:	
	Denise	Cestant Name of Person	ino
	Island	Company Firm/Company	
	312-Clem	atis St#7	0/
	wpb,	FL 33401 City/State and Zip Code	
	Denise @ is	s and Company	t notification)
For further information co	ncerning this matter, please	call:	
Denise	Castantino	at (56/) 83	3-8110
Name of	Person	Area Code D	Paytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
Regis <mark>tr</mark> Division P.O. Bo	NG ADDRESS: ption Section in of Corporations in 6327 ssee, FL 32314	Registration S Division of C Clifton Build	Corporations ling ve Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLE	S OF ORGANIZATION	
• •	OF	2016 SEP 26 AM 11: 18
Island Company Duty Free, LLC		SEF 26 n.
	ility Company as it now appears on our reco	rds)4///2///
(A Flori	da Limited Liability Company)	HASSY OF SU
	9/19/17	CE. FLOORE
ne Articles of Organization for this Limited Liability	Company were filed on 8/18/16	and assigned!
orida document number L16000155407		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	mited liability company here:	
• • • • • • • • • • • • • • • • • • •	,,	
		I C" - the abbreviation OI I C"
ne new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "Li	LC or the appreviation L.L.C.
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
THE PART OFFICE MAINESS MOST DE MOTREET MEE	· · · · · · · · · · · · · · · · · · ·	
	 	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
s. If amending the registered agent and/or reg	victored office address on our record	rds antar the name of the ne
egistered agent and/or the new register <u>ed office ad</u>	,	us, enter the name of the ne
The second secon		
Name of New Registered Agent:		
New Registered Office Address:		
Trom troubleton Street Made 25.	Enter Florida street add	ress
	,	د اداده ۱۲۱ م
	City ,	Florida Zip Code
an Baristan I Amada Cimatana if sharring Baristan	City	Lip Conc

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>	Address	Type of Action
AMBR	Spencer Antle	312 Clematis Street Ste 401, WPB,	Add
			□ Remove
			☐ Change
			Remove 2
			Change T
			□ Change T
			Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change

•					
<u> </u>	·				
				For E	Ţ
				all SEP	
				一	•
				S. 7.	``
				THE STATE OF THE S	•
				2 6	
				<u></u>	
	<u></u>				
ective date, if other than the da	ate of filing:		(op	tional)	
effective date is listed, the date must be	specific and cannot be price	or to date of filing or m	ore than 90 days af	ter filing.) Pursuant to 605	.020
te: If the date inserted in this block cument's effective date on the Depa			g requirements, t	nis date will not be liste	ed a
· · · · · · · · · · · · · · · · · · ·					
record specifies a delayed e	ffective date, but r	ot an effective t	ime, at 12:01	a.m. on the earlie	er (
he 90th day after the record	is filed.		•		

September 16	, 2016	·			
		>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00