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D. BRUCE MAR 01 2017

## **COVER LETTER**

TO: Registration Division of C			
Island In SUBJECT:	vestments of Broward-G, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	•		
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Heather Perry		
		Name of Person	
	Moraitis, Cofar, Karney &	Moraitis	2017 ລະເປ ກໍລະເປ
-	**	Firm/Company	ARE FEB
	915 Middle River Drive, S	uite 506	2017 FEB 28 SCURETARY ALLAHASSE
•		Address	
	Fort Lauderdale, FL 3330	4	A II: 17 OF STATE OF FLORIDA
		City/State and Zip Code	Z 7
	hperry@mcklaw.com	to be used for future annual repo	
For further information	n concerning this matter, please c	•	n notification)
Heather Perry		954 563-41 at ( )	63
Nam	e of Person		aytime Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	Registration ( Division of C Clifton Build	orporations ing ve Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island Investments of Broward-G LLC				
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on September 29, 2016	and assigned		
Florida document number L16000182169				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
Island Investments 460 LLC				
The new name must be distinguishable and contain the words "Ln	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:	——————————————————————————————————————			
Principal office address MUST BE A STREET ADD	RESS)			
	SSE			
	in in			
Enter new mailing address, if applicable:	, LO	S = D		
Mailing address MAY BE A POST OFFICE BOX)		173		
		<del></del>		
3. If amending the registered agent and/or regi egistered agent and/or the new registered office add		the name of the		
Name of New Registered Agent:		<del></del>		
New Registered Office Address:		<del></del>		
	Enter Florida street address			
	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 **Type of Action** Title Name <u>Address</u> \_□ Add \_□ Remove \_ Change ☐ Remove \_ Change □ Add Remove ☐ Change □ Add □ Remove \_

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ted February 23		2017					
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Page 3 of 3

Filing Fee: \$25.00