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	Registration Se Division of Cor					
SUBJEC	Island Inves	stments of Broward-G, LLC				
SUBJEC	1;	Name of Lin	nited Liability Company			
-The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	urn all correspo	ndence concerning this matter	to the following:			
		Heather Perry				
Name of Person						
Moraitis, Cofar, Karney & Moraitis						
. Firm/Company						
915 Middle River Drive, Suite 506						
•			Address			
Fort Lauderdale, FL 33304				20H SECI		
			City/State and Zip Code		FEB ARETE AHAS	7
		hperry@mcklaw.com	to be used for future annual report notifi	ication)	28 SSE/	
For furthe	r information co	oncerning this matter, please c	•	(Carlott)	A II: I	
Heather P	erry		954 563-4163			
	Name of	Person	at () Area Code Daytime	Telephone Number	<u></u>	
Enclosed i	s a check for th	e following amount:				
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e 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 Investments of Broward-H LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) lla Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L16000182198	Company were filed on September 29, 2016	and assigned
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 of Pulaksi LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-1
(Principal office address MUST BE A STREET ADD	RESS)	SEC.
		全部 四 1
		B 2
Enter new mailing address, if applicable:		m√ ∞ m
(Mailing address MAY BE A POST OFFICE BOX)		70 2 0
MALIBE AT OST OFFICE BOX		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	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 <u>Title</u> <u>Name</u> **Address Type of Action** □ Add □ Remove ☐ Change _□ Add □ Remove □ Change ☐ Add WIII FEB 28 A II: 9 7 ☐ Change _ Add _□ Remove _ Change

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_□ Remove

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f an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and ock does not a	d cannot be prion neet the applic	cable statutory f	or more than 90 days	after filing.) Pur	suant to 60 not be lis	05.0207 (3) sted as the
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Dated February 23		, 2017					
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William	w. Kan	mh					

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Filing Fee: \$25.00