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COVER LETTER

TO:		istration Sec ision of Corp			
CUD	HECT.		ers Island Vacation Rentals, L	LC	
SUB	JECT:			ited Liability Company	
The	enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return	all correspon	ndence concerning this matter	to the following:	
			Mark A. Ebelini		
				Name of Person	· ————————
			Knott Ebelini Hart		
				Firm/Company	
			1625 Hendry Street, Third	Floor	
				Address	
			Fort Myers FL 33901		
				City/State and Zip Code	
			mebelini@knott-law.com		
For f	further ir	iformation co	E-mail address: (to oncerning this matter, please ca	to be used for future annual report notifi	cation)
Mar	k A. Ebe	elini		239 334-2722 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Encl	osed is a	check for th	e following amount:		
	\$ 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Tween Waters Island Vacation Rentals, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) iited Liability Company)	-
The Articles of Organization for this Limited Liability Comp.	pany were filed on 11/09/2016	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" of	
Enter new principal offices address, if applicable:		2918
Principal office address MUST BE A STREET ADDRESS	S)	<u>.</u>
		1 1 ···
		-0
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2
numing duaress MAT BE AT OST OFFICE BOAT		
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address Name of New Registered Agent:		enter the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	<u>Address</u>	Type of Action
MGR	Susan McCallion	15951 Captiva Road,	□ Add
		Captiva Island FL 33924	□ Damana
			Change
MGR	Dustyn Corace	15951 Captiva Road	■ Add
		Captiva Island FL 33924	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
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ctive date, if other than the date of filing: (optional) cffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605		te: If the date inserted in this l	block does not i	meet the applica	ble statutory t	iling requiremen	ts, this date w	ill not	be listed
effective date, if other than the date of filing:	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed				an effectiv	e time, at 12	:01 a.m. o	n the	earlier
e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ament's effective date on the Department of State's records.	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed iment's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	June 28		2018	. ·				
e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ament's effective date on the Department of State's records. The ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling 90th day after the record is filed.	Example: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed intent's effective date on the Department of State's records. The ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier need to be a specified and the record is filed.					ive of a member			

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Typed or printed name of signee

Filing Fee: \$25.00