## L16000217378

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| Certified Copies          | Certificates      | s of Status |
| Special Instructions to I | Filing Officer:   |             |
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SECRETARY OF STATE

N COOPER APR 04 2019

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |  |  |  |
|--|--|---|--|--|--|
| ISLAND GO                                | OFER LLC                                     |   |  |  |  |
| SUBJECT:                                 | Name of Limit                                | ed Liability Company  | ······································   |  |  |
|  |  |   |  |  |  |
| The enclosed Articles of A               | Amendment and fee(s) are subm                | nitted for filing.  |  |  |  |
| Please return all correspon              | ndence concerning this matter to             | o the following:  |  |  |  |
|  | CLAYTON C. CAMPBELI                          | L   |  |  |  |
|  |  | Name of Person  |  |  |  |
|  | ISLAND GOFER LLC                             |   |  |  |  |
| Firm/Company                             |  |   |  |  |  |
|  | 304 ASBURY WAY                               |   |  |  |  |
|  |  | Address   |  |  |  |
|  | BOYNTON BEACH, FL 3                          | 33426   |  |  |  |
|  | * · · · · · · · · · · · · · · · · · · ·      | City/State and Zip Code   |  |  |  |
|  | SALES@ISLANDGOFERL                           |   |  |  |  |
|  | E-mail address: (to                          | be used for future annual report notification                       | ation)   |  |  |
| For further information co               | oncerning this matter, please cal            | H:  |  |  |  |
| CLAYTON CAMPBELL                         |  | 609 582-3754<br>at ()   |  |  |  |
| Name of                                  | Person                                       | Area Code Daytime T   | Celephone Number   |  |  |
|  |  |   |  |  |  |
| Enclosed is 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) | □ \$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

| ISLAND GOFER LLC   |  |
|--|--|
| ( <u>Name of the Limited Liabi</u><br>(A Floric  | ility Company as it now appears on our records.)<br>ida Limited Liability Company)   |
| The Articles of Organization for this Limited Liability Florida document number L16000217378     | Company were filed on 11/30/2016 and assigned  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the lin   | mited liability company here:  |
| The new name must be distinguishable and contain the words "Lin                                  | imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |  |
| (Principal office address MUST BE A STREET ADD   | 7 منتق   |
|  | AP (A)   |
| Enter new mailing address, if applicable:  | -2   |
| (Mailing address MAY BE A POST OFFICE BOX)   | <b>7</b>   |
|  |  |
|  | <b>F.</b> 0  |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | gistered office address on our records, <u>enter the name of the nade of the name of the nam</u> |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  | . Florida  |
| <del></del>  | City Zip Code  |
| New Registered Agent's Signature, if changing Register   | red 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 |
|--------------|---------------------|-------------------------|----------------|
| AMBR         | CLAYTON C. CAMPBELL | 304 ASBURY WAY, BOYNTON | Add            |
|              |                     |                         | □ Remove       |
|              |                     |                         | Change         |
| AMBR         | DUHANE E. REID      | 304 ASBURY WAY, BOYNTON | Add            |
|              |                     |                         | Remove         |
|              |                     |                         | Change         |
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| <b>fective date, if other than the da</b><br>an effective date is listed, the date must b | ite of filing:<br>e specific and cann  | ot be prior to           | date of filing or i                          | nore than 90 days                     | <b>ptional)</b><br>after filing.) Pursi | uant to 605.02( |
| ote: If the date inserted in this block<br>ocument's effective date on the Department.    | does not meet t<br>artment of State'   | the applicables records. | e statutory fili                             | ng requirements,                      | this date will n                        | ot be listed a  |
| e record specifies a delayed e  | ffective date                          | , but not a              | an effective                                 | time, at 12:0                         | )1 a.m. on th                           | ne earlier (    |
| The 90th day after the recor  | d is filed.                            |                          |  |                                       |   |                 |
| , MARCH 30th  | 20                                     | 018                      |  |                                       |   |                 |
| ated  | , <u></u>                              |                          |  |                                       |   |                 |
|   |  | 20                       | <u>/                                    </u> |                                       |   |                 |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00