117000023183

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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8 Warren MAR 2 2 2017



March 10, 2017

DENISE G. KOOLMAN 9205 PECKY CYPRESS LANE 8F BOCA RATON, FL 33428

SUBJECT: ISLANDTIME DECOR LLC

Ref. Number: L17000023183

We have received your document for ISLANDTIME DECOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE RE-DO 2ND PAGE AND SIGN PAGE 3

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 117A00004706

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Denise G Koolman
ISLAND Time Decor
9205 Pecky Cypress Lance 89
Boca Raton Floriba 33428 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Devise Koolman H. 561 451-2428 Cell 561-756-128 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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 Tin	ne Decor ILC
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed onand assigned
Florida document number <u>£17000023</u>	<u>183</u> .
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
_	CONTROL CONTRO
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
	T ST W
	27 - '
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	Devise Koolman
New Registered Office Address:	
- Committee of the comm	Enter Florida street address
	, Florida
	Cuy 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.

Changing Registered Agent, Signature of New Registered Agent

MGR = Ma $AMBR = Au$	anager uthorized Member	•	
<u>Title</u>	<u>Name</u>	Address Am & Dorgan Blue and	Type of Action
AMBR	ADAMT KOOLMAN	2619 North Ocean Bluo apt Boca Raton Florina 3343/	∀ Add
			□ Remove
			Change
Ambr	DeniseGKoolman	9205 Pecky Cypns Lane8F Bocaraton Florion 33428	_ ¥ Add
		•	
			Change
			Add
		•	□ Remove
			Change
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			Change
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		SER TO	☐ ☐ } emove
		STATE	□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	
	•
<u>. </u>	
	•
in effecti ote: If	date, if other than the date of filing:
cumen	s effective date on the Department of State 3 records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Oth day after the record is filed.
4	2/1/17
ted	Denise Koolman:
	Signature of a member or authorized representative of a member DENISE KOOMAN
	Typed or printed name of signee

Filing Fee: \$25.00