

L17000096251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

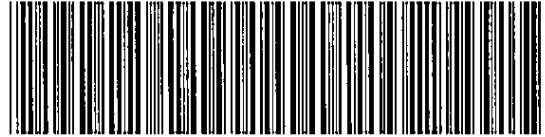
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
STATE OF TEXAS  
FALLS CHURCH, TEXAS

S. WARREN

DEC 26 2017

December 18, 2017

Registration Section  
Division of Corporations  
PO Box 6327 Tallahassee Florida 32314

**RE: File:** L17000096251 Isle of Palms Sundancer LLC

**Filing Date:** May 1, 2017

Amendment of Articles of Organization to add an authorized member

Ladies and Gentlemen:

Enclosed please find:

Form cover letter;

Our check for \$55.00 for filing fee and certified copy;

2 copies of Amendment; and,

self addressed stamped return envelope. Please return the certified copy of the amendment to the undersigned. Thank you.

By: 

Joseph Krippele, Sr.

President

Jakes Inc.

131 Second Street

Aurora, Illinois 60506

Phone: 630-892-3291

enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Isle of Palms Sundancer LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Krippez Sr.  
\_\_\_\_\_  
Name of Person

Jakes Inc.  
\_\_\_\_\_  
Firm/Company

131 Second Street  
\_\_\_\_\_  
Address

Aurora, Illinois 60506  
\_\_\_\_\_  
City/State and Zip Code

joe@jakesinc.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Krippez Sr.                      630              892-3291  
\_\_\_\_\_  
Name of Person                      at (\_\_\_\_\_)              Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Isle of Palms Sundancer LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 1, 2017 and assigned  
Florida document number L17000096251.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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

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THE  
STATE  
OF  
FLORIDA

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>	<u>Type of Action</u>
AMBR	Dobрила Krippez	131 Second Street, Aurora, IL 6050	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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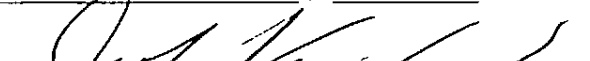
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JANUARY 1 2014

[illegible]

(If an effective 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 18, 2017

December 18, 2011



Signature of a member or authorized representative of a member

Joseph Krippelz Sr.

Typed or printed name of signee

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JACKSONVILLE, FLORIDA