L17000110403

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
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COVER LETTER

TO: Registration S Division of Co			
Island Bol SUBJECT:	herman, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Timi Coleman		
		Name of Person	
	Island Boberman, LLC		
	Limi Company 2644 N. Airport Rd #60716		
	Fort Myers, FL 33907		
		City/State and Zip Code	
	timi24m/comcast.net		
	la-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Timi Coleman		239 671-9850	
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for (the 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 Fallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Compa			
(A Florida Limited	nay as it now appears on our recording MAY 10 A 2 2 1 Liability Company)		
The Articles of Organization for this Limited Liability Company	A CONTRACT OF THE CONTRACT OF		
Florida document number L17000110403			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LAC" or the abbreviation "LAC,"		
Enter new principal offices address, if applicable:	2644 N. Airport Rd #60716		
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, Ft. 33907		
	2644 N. Auport Rd #60716		
Enter new mailing address, if applicable:	Fort Myers, FL 33907		
(Mailing address MAY BE A POST OFFICE BOX)			
D. Is a Provide maintained and and an allow magnitured a	ffice address on our records, enter the name of the n		
registered agent and/or the new registered office address her Name of New Registered Agent:			
registered agent and/or the new registered office address her			
registered agent and/or the new registered office address her Name of New Registered Agent:	e: Enter Florida street address		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address		
registered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address Florida Zip Code		

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	Ralf Brookes	2644 N Airport Rd #60716, Fort Myers, FL 33907	B Add
			☐ Remove
			☐ Change
MGR	Joseph Frunkett		Add
		2271 McGregor Blvd, Fort Myers, Ft. 33901	■ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
·- - · -			Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change

). If ame	nding any other information, ente	er change(s) here: /A	Hach addilional she	eis, ij necessary,)	
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(H'an effi <u>Note:</u>	ve date, if other than the date of factive date is listed, the date must be specified the date inserted in this block does rent's effective date on the Department	ic and cannot be prior to date not meet the applicable s	e of filing or more than	(optional) 90 days after filing.) Pursuant to 6 ements, this date will not be l	505.0207 (3)(1 isted as the
	ord specifies a delayed effective 90th day after the record is fil		effective time, a	t 12:01 a.m. on the ear	rlier of:
Dated	April 29, 2019		-		
			Pur	1 Brokes	
	Signature	of a member or authorized	representative of a mel	niber	
	Timi Coleman		K	lalf 6. Brookes	

Typed or printed name of signee

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