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COVER LETTER TO: Registration Section **Division of Corporations** Isole Villas LLC SUBJECT: 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: Keith Brady Name of Person Keith Brady Law Firm/Company 360 Central Ave Address St. Petersburg, FL 33701 City/State and Zip Code Keith@KeithBradyLaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Keith Brady 727 201 7754 Area Code Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$55.00 Filing Fee & \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Isole Villas LLC	1		1		
(Name of the Limited Liability (A Florida L	Company imited Liab	as it now a pility Comp	appears on our records pany)	.)	
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The Articles of Organization for this Limited Liability Cor	mpany we	ere filed o	an 09/06/2017	and assig	ned
Florida document number L17000189735					
This amendment is submitted to amend the following:	j				
A. If amending name, enter the new name of the limite	ed liabilit	y compa	ny here:		
	<u></u>				
The new name must be distinguishable and contain the words "Limite	d Liability	Сотралу,	the designation "LLC"	or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:	_				
(Principal office address MUST BE A STREET ADDRE	<u>:ss)</u>			74	
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Enter new mailing address, if applicable:	! -			<u>က်</u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	· _			ม	:. :.
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B. If amending the registered agent and/or register registered agent and/or the new registered office address.  Name of New Registered Agent:  New Registered Office Address:		e addre	ss on our records,	enter the name of	the nev
New Registered Office Address.	ı	Ente	er Florida street address	<del>- , , ,</del>	
		ļ	Flo	rida	
<del></del>	at and/or registered office address on our records, enter the name of the new ered office address here:  S:  Enter Florida street address  City  Zip Code				
New Registered Agent's Signature, if changing Registered A	Agent:	İ			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered ages being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete pe nt as pro office ad	rforman vided for dress, I	ce of my duties, and r in Chapter 605, F hereby confirm tha	d I am familiar with e F.S. Or, if this docum t the limited liability	and
provisions of all statutes relative to the proper and com accept the obligations of my position as registered agel being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete pe nt as pro office ad	rforman vided for dress, I	ce of my duties, and r in Chapter 605, F hereby confirm tha	d I am familiar with a F.S. Or, if this docum	and

Page 1 of 3

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 Type of Action <u>Address</u> <u>Name</u> <u>Title</u> 333 W. FORT ST. David Krakauer **AMBR** Suite 1350 ☐ Remove DETROIT, MI 48226 ■ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_□ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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	David Krakauer		<u> </u>					
	David Klakadei		ı					
	——————————————————————————————————————	Ту	/ped or printed i	name of signe				
	David Klakadei	Ту	/ped or printed i	name of signe				<del>_</del>

Filing Fee: \$25.00