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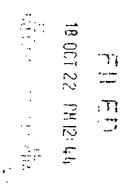
(Requestor's Name)
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COVER LETTER

	gistration Se ision of Cor			Ψ.
SUD IPOT.	Island Life	Realty, LLC		
SUBJECT:			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		William D. Pilger, Jr.		
		Island Life Realty, LLC	Name of Person	
		1133 Estero Blvd, Suite 10	Firm/Company	
		Fort Myers Beach, FL 339.	Address 31	
		billpilger@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please co	ill:	
William D. I	Pilger, Jr.		239 272-5525	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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 Life Realty, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number $\frac{L17000208705}{}$ 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 "LLC." 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 mane 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

·MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brent D. Perrine	2870 66th Street SW Naples, FL 34105	
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ocume	nt's effective date on the Department of State's records.		
	and specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the $90th$ day after the record is filed.	e earlie	er o
	October 17 2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00