## 117000229221

(Reque	stor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Name	)
(Досиг	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	

Office Use Only

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C. GOLDEN MAR - 9 2020

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	Island Uyb2 Nambof Lim	Property Rental	Company, LC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		narie D. Compl	ell
		nd 1462 proprh	, Rental Company, CLC
	P. 0	· Bot 47043	
		OMPG IL 3364,	Ь
	E-mail address: (	Ompg II 3364, City/State and Zip Code Compbel/13/20im · Go to be used for future annual report not	y ification)
For further informatio	n concerning this matter, please c	all:	
Morn Nam	te Combell le of Person	at ( <u>754</u> ) <u>224</u> Area Code Daytin	5-7546  ne Telephone Number
Enclosed is a check fo	or the following amount:		
S25.00 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)
<u>Mailing Add</u> Registratio Division o		Street Address: Registration So Division of Co	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



February 13, 2020

MARIE D. CAMPBELL POST OFFICE BOX 47043 TAMPA, FL 33646

SUBJECT: ISLAND VYBZ PROPERTY RENTAL COMPANY, LLC

Ref. Number: L17000228227

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 020A00003291

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2		Ŷ:
Island 4/62 pr	oprty Rental	Company UC	9.5°
GNAME OF INC. I MILEG I JANUAL	y Company as it now appears Limited Liability Company)	on our records.	~ /
	a //	1-03-2017	
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>11</u>	and assigne	:d
Florida document number	4.61		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	<u>-e</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	-		
Principal office address MUST BE A STREET ADDRI	ESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	***		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		
		<u> </u>	
D. 16	- 6C 1 1		_*
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	cords, enter the name of the new re	gistered
-			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		. Florida Zip Code	
	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

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>	Address	Type of Action
AMBR	Line ( . Roberts	P.O.BOT 47043	Ø∧dd
		P.O.BOT 47043 Tampa FL 33646	Remove
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m effecti ote:   [f t	te date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing fithe date inserted in this block does not meet the applicable statutor at 's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605.0 by filing requirements, this date will not be listed
ecord s is filed.	specifies a delayed effective date, but not an effective time, at 12:01 d.	I a.m. on the earlier of: (b) The 90th day after t
ited	3-2 2000	
	// // // // // // // // // // // // //	11 KUNY
	Signature of a member of authorized representation	centative of a member

Filing Fee: \$25.00