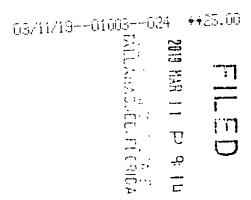
## L18000026437

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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## **COVER LETTER**

| TO:            | Registration Se<br>Division of Cor |   |   |  |
|----------------|------------------------------------|---|---|--|
| CUD (C)        | Island Taler                       | nt LLC  |   |  |
| SUBJE          | UI:                                | Name of Lim   | ited Liability Company  | ······································   |
| The enc        | losed Articles of                  | Amendment and fee(s) are sub                                    | mitted for filing.  |  |
| Please re      | eturn all correspo                 | ondence concerning this matter                                  | to the following:   |  |
|                |                                    | Denise Drew   |   | 温于   |
|                |                                    | Island Talent, LLC  | Name of Person  |  |
|                |                                    |   | Firm/Company  |  |
|                |                                    | 1525 West Central Ave.  |   |  |
|                |                                    | Merritt Island, Florida 329                                     | Address<br>52   |  |
|                |                                    | dlduk1497@gmail.com   | City/State and Zip Code   |  |
| For furtl      | ner information c                  | E-mail address: (<br>oncerning this matter, please ca           | to be used for future annual report notifi<br>all:                        | cation)  |
| Denise         | Drew .                             |   | 334 524-3315  |  |
|                | Name o                             | f Person  | at ()<br>Area Code Daytime  | Telephone Number   |
| Enclose        | d is a check for th                | ne following amount:  |   |  |
| <b>¥</b> \$25. | 00 Filing Fee                      | □ \$30.00 Filing Fee &<br>Certificate of Status                 | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                | Registr<br>Divisio                 | ING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327 | STREET/COURING Registration Section Division of Corpora Clifton Building  | 1  |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Island Talent LLC   | N  |
|---|--|
| (Name of the Limited Liability Company as it now<br>(A Florida Limited Liability Co                             | npany)   |
| The Articles of Organization for this Limited Liability Company were filed Florida document number L18000026437 | I on Jan. 30, 2018 and assigned                        |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability comp   | oany here:   |
| Island Talent Agency LLC  |  |
| The new name must be distinguishable and contain the words "Limited Liability Compan                            | y," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 2 2 - 11   |
| (Principal office address MUST BE A STREET ADDRESS)   |  |
|   |  |
|   |  |
| Enter new mailing address, if applicable:   | <u> </u>   |
| (Mailing address MAY BE A POST OFFICE BOX)  | ു ത  |
| <del> </del>  |  |
| B. If amending the registered agent and/or registered office address here:                                      | ress on our records, enter the name of the no          |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | inter Florida street address                           |
|   | , Florida  |
| City  | Zip Code   |

New Registered Agent's Signature, it 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>    | Name | Address | Type of Action |
|-----------------|------|---------|----------------|
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|  |   |   |                                       |                          |                       |
|  | 2-28-2019   |   |                                       |                          | _                     |
| Effective date, if other than t  | he date of filing:  |   | (optional)                            |                          |                       |
| If an effective date is listed, the date r<br>Note: If the date inserted in this<br>document's effective date on the | block does not meet the applicable Department of State's records. | late of filing or more than 90 day<br>e statutory filing requiremen | s after filing.) I<br>ts, this date w | ursuant to<br>ill not be | 605.0207<br>listed as |
| he record specifies a delay<br>The 90th day after the r  | ed effective date, but not a<br>ecord is filed.                   | n effective time, at 12   | :01 a.m. o                            | n the ea                 | rlier of              |
| Dated 2-28   | 2019  |   |                                       |                          |                       |
| Dated  |   | •   |                                       |                          |                       |
|  |   |   |                                       |                          |                       |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00