# 118000106531

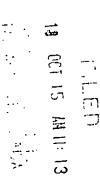
(Re	questor's Name)	
(Ad	dress)	
·	·	
(Ad	dress)	" <u></u>
(Cit	ry/State/Zip/Phone	e #) ¯
PICK-UP	☐ WAIT	MAIL
<u></u>	- F-K-N	
(Bu	isiness Entity Nar	nej
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000319223130

10/16/18--01004--009 \*\*25.00



2010 OCT 15 7/2 9:52

OCT 20 2018

### **COVER LETTER**

	Registration : Division of C				
eno nec		oncessions, LLC.			
SUBJEC	.I:	Name of Limited Liability Company			
The enclo	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please ret	tum all corres	pondence concerning this matter	to the following:		
		Maria Garden			
		Island Concessions	Name of Person		
			Firm/Company		
		4600 Summerlin Rd. #291			
		Fort Myers, FL. 33919	Address		
		kip@kipgarden.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual report noti	fication)	
For furthe	er information	concerning this matter, please c	all:		
kip garde			239 839.4895 at ( )		
	Name	of Person		e Telephone Number	
Enclosed	is a check for	the following amount:			
\$25.0	0 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:

TO:

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 Concessions, LLC.	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
he Articles of Organization for this Limited Liability Company were filed	on 4/27/18 and assigned
lorida document number L18000106531	<b>3</b> ···
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	any here:
he new name must be distinguishable and contain the words "Limited Liability Company	v." the designation "LLC" or the abbreviation "LLC"
	the action land of the active visition Effect.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	0
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address	ess on our records, enter the name of th
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	E21
F.A.	nter Florida street address
	, Florida
City	Zin 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
MGR	Maria Garden	4600 Summerlin Rd. #291 Fort Myers, Fl. 33919	
			☐ Remove
			Change
			Remove
			Change
			□ Add M
			Romove
			□ Change
			Add
			Remove
		·	Change
			Add
			Remove
			□ Change
			\ Add
			☐ Remove
			☐ Change

<del></del>	
	5 (
ective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be prior to date of fi	(optional)
te: If the date inserted in this block does not meet the applicable statute nument's effective date on the Department of State's records.	ory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
ed 10/4, 20/2.  Signature of a member or authorized representations of a member of authorized representations.	
	<del></del> -

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00