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DIVISION OF CORPORATIONS

N COOPEF SEP 1 4 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TSLAND CLUB 206 LLC. 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:
Sanda Viera Name of Person
Name of Person
Island Club 206 LLC.
6534 W. Sample Rd. Coral Spring
Coral Springs FL 33067 City/State and Zip Code
Sandra @ Sandra Viera. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Vierz at (454) 7560318
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sado Filing

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 Club	206, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L 8000 1473 83	were filed on $\frac{10cc}{14/2018}$ and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ility company here:	
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) ON SECULO OF THE PROPERTY OF STREET ADDRESS OF THE PROPERTY OF THE PROPE		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		. 0
		33S/A
	;;; 	27. 27.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u>~~</u>
		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	· · · · · · · · · · · · · · · · · · ·	
provisions of all statutes relative to the proper and complete p	performance of my duties, and I am familiar with oprovided for in Chapter 605, F.S. Or, if this docum	and ent is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Name	Address	Type of Action
4MBR	David Gonzalez	6534 W. Sample Rd Coral Springs, FL 3300	Æ (Add
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			☐ Change
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Effective	e date, if other than the date of filing:		
Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purse the date inserted in this block does not meet the applicable statutory filing requirements, this date will int's effective date on the Department of State's records.		
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	he earli	er of
	Oth day after the record is filed.		
_	Sep 8/2018.		
Dated _			
Dated	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00