L18000230798

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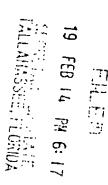
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COVER LETTER

Division of Co			
WILLIAM SUBJECT:	IS & SAMUEL LLC		
	Name of Lim	ited Liability Company	
TT 1 1 A - 1 1 - 1		I.E. EU	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DEAN GABRIEL WILLIA	AMS	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	
	5727 SW 27TH STREET		
		Address	
	WEST PARK, FL., 33023		
	DEAN@DGWAB.BIZ	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please co	ail:	
DEAN GABRIEL WIL	LIAMS	954 934 8499 at ()	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 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)

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

WILLIAMS & SAMUEL LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
rticles of Organization for this Limited Liability Com	pany were filed on 09/26/2018	and assigned
la document number L18000230798		
amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
ISTINE REAL ESTATE INVESTMENTS LLC		
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
		200
		田田丁
Enter new mailing address, if applicable:	POBOX 1914	
(Mailing address MAY BE A POST OFFICE BOX)	LAWRENCEVILLE, GA., 30046	h
		6 6
B. If amending the registered agent and/or registered		er the name of the ne
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Frontal street datatess	
	, Florida	Zip Code
Name Danistanad America Standard 16 Acres 18 Acres 18	City	Zip Cour

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, <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
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
		Add	
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

•	
<u>iote</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on e 90th day after the record is filed.
Th	9 FEBRUARY 2019

Page 3 of 3

Filing Fee: \$25.00