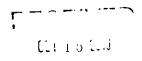
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TALLAHASSEE, FI

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COVER LETTER

TO: Registration S Division of Co	rporations		
SUBJECT:	Island 1	LIVING INVESTMENT ited Liability Company	its HC
30031.CT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	\mathcal{R}	Sbert Pisano Name of Person	
		Name of Person	
		Firm/Company	
	35	38 ALMeria ave	,
		Sarasons FL	34239
	E-mail address:	City/State and Zip Code Sakob@yahoo.co to be used for futurd annual report notified.	o-M
For further information	concerning this matter, please c		
Rope	rt Pisaco	at (<u>941</u>) <u>4-64</u> Area Code Daytime	-0008
Name (of Person	Area Code Daytime	: Telephone Number
•			
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	♥\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
· Mali	ING ADDRESS.	STDFFT/COUDI	FD ADDRESS.

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

FILED

TSLand L (Name of the Limited Liability (A Florida	iving Inves	ment-	2018 OCT 15	AM 10: 34
(Name of the Limited Liabili (A Florida	ty Company as it now app Limited Liability Compan	pears on our reco y)	ALLAHA	' of State Ssee.fl
The Articles of Organization for this Limited Liability C Florida document number		10/2/6	2018	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company	here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," th	ne designation "Ll	LC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis registered agent and/or the new registered office address and/or the new registered office address.		on our recor	ds, <u>enter the</u>	name of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter i	Florida street addi	ress.	
		1	Florida	
	City		Z.	ip Code
New Registered Agent's Signature, if changing Registered	l Agent:			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance gent as provided for i	of my duties, n Chapter 60:	and Lam famil 5, F.S. Or, if th	liar with and is document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Address</u> Name Type of Action Robert M Pisano 3538 ALMERIA AVE RADO

Sarasota FZ 34239 Remove _____ Change □ ∧dd □ Remove Change ☐ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add _□ Remove _ Change _□ Add ☐ Remove

_□ Change

,	
	•
(If an c <u>Note</u>	ctive 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 of: e 90th day after the record is filed.
Date	October 4 2018 Test-Nile
	CostA, Ve
	Signature of a member or authorized representative of a member
	Robert M Pisano
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00