

L19000116514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

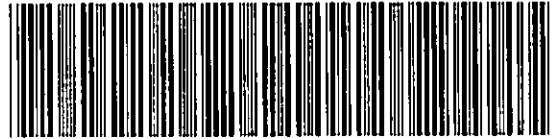
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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President

JULIE AZUAJE

1<sup>st</sup> Vice President

LINDA LOTT

2nd Vice President

D. PORPOISE EVANS

Treasurer

KAREN LAPEKAS

Secretary

JORDI GUSO

Immediate Past President

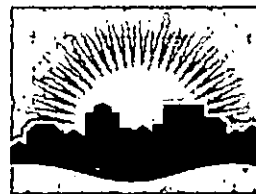
MARCIA K. CYPEN

Executive Director Emeritus

MONICA VIGUES-PITAN

Executive Director

**LEGAL SERVICES**  
OF GREATER MIAMI, INC.



**FLORIDA  
COMMUNITY  
DEVELOPMENT  
LEGAL PROJECT**

November 26, 2019

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Articles of Amendment to Articles of Organization**

To Whom it May Concern:

Please find payment and forms to amend the Articles of Organization for the following three companies:

1. **Island District Development LLC – L19000116514; Check #1113**
2. **Island District Holdings LLC – L19000132744; Check #1112**
3. **Little Bahamas Development LLC – L19000127732; Check #1111**

Should you have any questions, please do not hesitate to contact me, (305) 438-2492.

Sincerely,

Daniela F. Cimo  
Attorney at Law

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Island District Development 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:

Merline Barton

\_\_\_\_\_  
Name of Person

Thelma Gibson Health Initiative, Inc.

\_\_\_\_\_  
Firm/Company

3750 South Dixie Highway, Room B

\_\_\_\_\_  
Address

Miami, FL 33133

\_\_\_\_\_  
City/State and Zip Code

mbarton@tghimiami.org

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter Joseph King

305 446-1543  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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**

Island District Development LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 30, 2019 and assigned  
Florida document number L19000116514.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

3750 South Dixie Highway, Room B

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, FL 33133

**Enter new mailing address, if applicable:**

3750 South Dixie Highway, Room B

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, FL 33133

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Walter Joseph King

New Registered Office Address:

3750 South Dixie Highway, Room B

*Enter Florida street address*

Miami

Florida

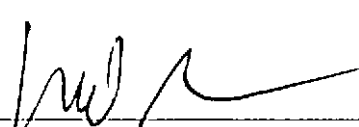
33133

*City*

*Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Walter J King	3680 Grand Avenue	<input type="checkbox"/> Add
		Miami, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thelma Gibson Health Initiative, Inc.	3750 South Dixie Highway, Room B	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Merline Barton

Typed or printed name of signee