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(City/State/Zip/Phone #)

М/	٩L

(Business Entity Name)

(Document Number)

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JUL 0 8 2019 S. YOUNG

## **COVER LETTER**

# Registration Section Division of Corporations

ISLANDS FOREVER MANAGEMENT, LLC SUBJECT:

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:

CHARLES L STARR

Name of Person

ISLANDS FOREVER MANAGEMENT, LLC

Firm/Company

1626 RINGLING BLVD, STE 500

Address

SARASOTA, FL 34236

City/State and Zip Code

LSTARR@R1A.COM

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

For further information concerning this matter, please call:

 KAROLINA WIECZOREK
 941
 387-1200

 Name of Person

 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

.

■ \$25.00 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

#### ISLANDS FOREVER MANAGEMENT, 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 Cor	mpany were filed on <u>6/3/19</u> and assigned	l
Florida document number 1,19000146028		

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 de	esignation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	12
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	······································

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

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		. Florida
	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 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

<sup>\*</sup> If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being ad</u> <u>or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Karolina Wieczorek	1626 RINGLING BLVD, STE 500	🖬 Add
		SARASOTA, FL 34236	Remove
			Change
			🖸 Add
			Remove
			Change
	n		Add
			🗌 Remove
		w	Change
		<u> </u>	Add
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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.

		ated
	<u> </u>	
ative of a member	Signature of a	_
	ARLES L STARR	CHA
cc	RLES L STARR	CHA

Page 3 of 3

Filing Fee: \$25.00