

LI9000 277175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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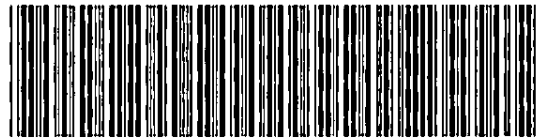
(Business Entity Name)

(Document Number)

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C. SHIMMONS

OCT 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND CRUISE & TRAVEL OF FL 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:

✓ Holly Anderson
Name of Person

✓ ~~Island Cruise & Travel of FL LLC~~ Island Cruise & Travel of FL LLC
Firm/Company

✓ 5105 39th St W
Address

✓ Bradenton, FL 34210
City/State and Zip Code

✓ islandcruiseandtravel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

✓ Holly Anderson at 727 871-2884
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ISLAND CRUISE & TRAVEL OF FL 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 11/6/2019 and assigned Florida document number L19000277175.

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:

(Principal office address MUST BE A STREET ADDRESS)

5105 39th Ave W
Bradenton, FL
34210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5105 39th Ave W
Bradenton, FL
34210

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:

Holly Anderson

New Registered Office Address:

5105 39th Ave N.

Enter Florida street address

Bradenton

Florida

City

34210

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.

Holly Anderson
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

JUN 26 11:07

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JUDITH DUZGUN</u>	<u>852 JUNGLE QUEEN WAY</u>	<input type="checkbox"/> Add
		<u>LONGBOAT KEY FL 34228</u>	<input checked="" type="checkbox"/> Remove
		<u>5105 39th AVE W</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Holly Anderson</u>	<u>Bradenton, FL</u>	<input checked="" type="checkbox"/> Add
		<u>34210</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Judith Duzgun</u>	<u>852 Jungle Queen Way</u>	<input checked="" type="checkbox"/> Add
		<u>Longboat Key, FL</u>	<input type="checkbox"/> Remove
		<u>34228</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Cemalettin Duzgun</u>	<u>852 Jungle Queen Way</u>	<input type="checkbox"/> Add
		<u>Longboat Key, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>34228</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

document's effective date on the Department of State's records.

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.

ord is filed.

Dated ✓ 8-24-20, AUGUST 24, 2020

✓ Holly Anderson
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Judith DUGGON
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00