LZ0000087358

·		
(Re	equestor's Name)	<u> </u>
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

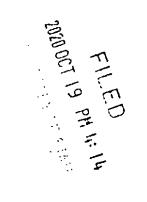
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COVER LETTER

	Registration Se Division of Cor			e general de la companya de la comp La companya de la companya de
	Da Island k	Line		
SUBJEC	.1:	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filipy.	
		ondence concerning this matter		
		Cianna S Abalos-Okamoto	1	
			Name of Person	
		Da Island Kine		
			Firm/Company	
		2301 NE Savannah Road I	POB 874	
	•		Address	
		Jensen Beach, Ft. 34957		
			City/State and Zip Code	
		DalsandKin	e 20 @ 9 mail. Con to be used for future annual report notif) Regition)
For furth	er information c	oncerning this matter, please c	all:	
Cianna S	Abalos-Okamo	oto		
	Name o	f Person	at ()	e Telephone Number
Enclosed	is a check for th	he following amount:		
≣ \$25.6	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	rtion
	Division of C		Division of Con	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	a Limited Liability Company)	<u>~</u>
The Articles of Organization for this Limited Liability C Florida document number L20000087358	Company were filed on 3/23/2020 and assigned	1020 OCT 12
This amendment is submitted to amend the following:		:
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDR	RESS)	_
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
reducing activities with BETTT OCT OF THE BOTT		~
Name of New Registered Agent:		_
New Registered Office Address:		_
	Enter Florida street address	
 -	, Florida	_
New Registered Agent's Signature, if changing Registered	, r	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and coaccept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address. I hereby confirm that the limited liability	
	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

•

Title	Name	<u>Addręss</u>	Type of Action
owner	Aaron Suarez	1142 SW30th Street Palm City, FL 34990	
			□Remove
			Change ST
			
			□ Change CT 19 PH 4: 14
			□Add
			□Remove
			Change
			□Add
			□Remove
			DChange
			🗆 Add
			□Remove
			Change
			Remove

Add Aaron Suarez as owner to Da Island Kine LLC	-
	7028
	PH 4: 1
	· F
ffective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	
l is filed. September 15 2070	ŕ
ated Now ()	

Typed or printed name of signee