

L20000 119 423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

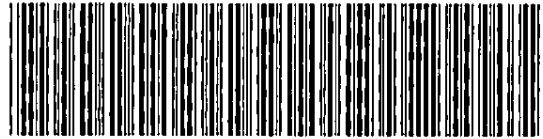
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100421074241

01/03/24--01024--008 **30.00

FILED
2024 JAN -3 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Island Life Ventures 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:

Gregory Dully

Name of Person

Island Life Ventures LLC

Firm/Company

210 Treasure Harbor Dr

Address

Islamorada, FL 33036

City/State and Zip Code

GregDully@RemaxCommercialTeam.com

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

For further information concerning this matter, please call:

Gregory Dully

305 900-4232
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 Address:

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JAN -3 PM 3:04

FEB 1 2024

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

Island Life Ventures 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 May 1, 2020 and assigned Florida document number L20000119423.

This amendment is submitted to amend the following:

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

Gregory Dully LLC

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

Enter new principal offices address, if applicable:

210 Treasure Harbor Dr

(Principal office address MUST BE A STREET ADDRESS)

Islamorada, FL 33036

Enter new mailing address, if applicable:

210 Treasure Harbor Dr

(Mailing address MAY BE A POST OFFICE BOX)

Islamorada, FL 33036

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:

Gregory Dully

New Registered Office Address:

210 Treasure Harbor Dr

Enter Florida street address

Islamorada

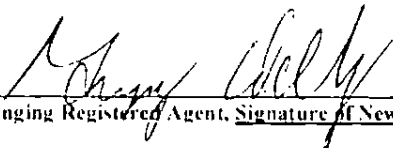
Florida 33036

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	Gregory Dully	210 Treasure Harbor Dr	<input type="checkbox"/> Add
		Islamorada, FL 33036	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Rosanne Dully	210 Treasure Harbor Dr	<input type="checkbox"/> Add
		Islamorada, FL 33036	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET
NO FORN DISSEM
DATE 11-13-03 BY 3103

2024 JAN -3 PM 3:04
SECRET//NOFORN
T//LAW/NOFORN

2024 JAN -3 PM 3:04
SECRETARY'S OFFICE
TALLAHASSEE, FL

(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)

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.

Dated December 27 2023

Signature of a member or authorized representative of a member

Gregory Dully

Typed or printed name of signee