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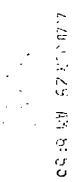


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JUN 2 9 2020

AUG 12 2020 S. YOUNG



TO: Registration Section Division of Corporations	
SUBJECT: ISlandrush Fordtruck LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
\sim 0	
June hemeys	
Name of Person	
Firm Company	
3484 N. N. Brad Street	
Address Ti 2770	
LUXKIUN LOKES FL 35309	
Ciry/State and Zip Code	
t-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
To Roman Market Market Press Care	
Jun 18meus "a54, 110-2650	_
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy	
(additional copy is enclosed) Certified Copy (additional copy is e	enclosed)
Mailing Address: Street Address:	
Registration Section Registration Section	
Division of Corporations P.O. Box 6327 The Centre of Tallahassee	

P.O. Box 6327 Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION

OF ed 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 Florida document number 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

egistered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member		
Title Name MUR JUNE PRINCUS	Address 21 181 1 1 1 27 15 L	Type of Action
Mar Jule Mille	Lauderdall Lakes Fc	□Add
	33309	
MGR Junior Angus	3484 N. W. 32ndst	[]Add
J	Landerdal Lakes Re	□Remove
Mary Kongollo Osia	33309	Dchange
AMBR Jonne He Phipp	Since Press	🗆 Add
	UIIIX PLODIO	
AMBR Jules Doice	3484 N.W. 32ndst	□ Lhange □ Add
•	Lauderdale Lakes FL33	3 ∕
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or removed from our records.

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f an effective <u>Note:</u> If the	ate, if other than the date is listed, the date me e date inscribed in this l effective date on the	iust be specific and block does not r	d cannot be prior meet the applica	to date of filing or i able statutory fili	nore than 90 days aft	er filing.) Pursuant to (
record spe d is filed.	cifies a delayed effect	ive date, but not	t an effective ti	me, at 12:01 a.m.	on the earlier of:	(b) The 90th day a	fter the
Dated	in 21	0	-202	0			
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Filing Fee: \$25.00