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





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COVER LETTER

SURJECT: ISL#	HOME IMPROV	IEMENT LLC		
	Name of Limi	ited Liability Company		
	Amendment and fee(s) are subtraction to the concerning this matter to the concerning this matter to the concerning the concern	to the following:		
	Kafael	Alvare Z Name of Person	· · · · · · · · · · · · · · · · · · ·	
	ISLA Hon	ne Improvement (Firm/Company	LC	
	300 31 >1 Aue,	N. Afartment #8, Address		
	St. Petersburg	FL 33704 City/State and Zip Code		2
	islahome in proc E-mail address: (1	Jemps + 2020 @ gmailobe used for future annual report notifica	tion)	021 S
For further information co	oncerning this matter, please ca	all:		[
Rafael A Name of	luarez Person	Je ment 1-02-0 a gmail. Je ment 1-02-0 a gmai	elephone Number	PK 1: 31
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	us &
Mailing Address		Street Address:	on	

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

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

Isla Home Improvement a	LC	
Isla Home Improvement a (Name of the Limited Liability Company as i (A Florida Limited Liability	company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L2000168091</u> .		D and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability	npany," 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 agent and/or the new registered office address here: Name of New Registered Agent:	ss on our records, enter the na	me of the new registered
New Registered Office Address:	Enter Florida street address	2 9
	Florida _	
	ity	Zip Gode ω
New Registered Agent's Signature, if changing Registered Agent:		;
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfo accept the obligations of my position as registered agent as provide	rmance of my duties, and I am	n familiar with and

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>	Address	Type of Action
AMBR	Vaughn Thomas	211 SW Madison CIEN. 5+. Petersburg, FL 337-03	Ź I ∧dd
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ective date, if other n effective date is listed,	he date must be specific	and cannot be prior		ore than 90 days after		
te: If the date inserte	d in this block does no e on the Department o			g requirements, th	nis date will no	t be listed as
		not an effective ti	me, at 12:01 a.m.	on the earlier of: ((b) The 90th	day after the
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record specifies a delay is filed.	Van	Lu Tlus fa member or author	7 .	of a member		