## LZ00000331485

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2020 SEP 14 AM 9: 15 SECRETARY OF STATE

10/23/20 Oh

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ISland FLAVAZ Name of Limited Liab	Restaurant: LLC
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	ollowing:
<u>Karen</u>	ame of Person
Island Flau	AZ Restaurant LLC
909 N Ocea	n Share Blyd Address
Karen 5761	tate and Zip Code  On 1000 Com  d for future annual report notification)
For further information concerning this matter, please call:	
Karen Gresson	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	55.00 Filing Fee &  Certified Copy additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

FILED

2020 SEP 14 AM 9: 15

	estamant UC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our GEORESTARY OF STATE Liability Company) TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on DS 103 2020 and assigned
Florida document number <u>L20000231485</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
TSland Flavaz Restauro-ri The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	909 N Ocean Shore Blud Flagler Beach Fl 32136
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	27 Fordney Place Palm Coost FL 32137
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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>	Type of Action
MGR	Steve Polack	27 Fordney Place	□Add
		27 Fordney Place. Palm Coast FL 32137	Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			□Remove
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		_	□ Change

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<u>ote:</u> If	date, if other than the date of filing:
is filed.	
ited	D9/11/ 2020.
	Signature of member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Karen Creen (Duner MGB)