L21000023020

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COVER LETTER

	Registration Se Division of Cor			
CUD ICA		Community LLC	*	
SUBJEC	.l:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Chris Funk		
			Name of Person	
		Island Oaks Community L	LC	
			Firm/Company	
		5711 Richard St Ste 1		
		7	Address	
		Jacksonville FL 32216		
			City/State and Zip Code	
		ladamson@sihomesfl.com	to be used for future annual report not	(Contin)
For furth	er information c	oncerning this matter, please ea	·	meadon)
Leslie A	damson		425 501-5213	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.	00 Filing Fec	☐ \$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 Addres Registration S	Section	Street Address: Registration Se	
	Division of C P.O. Box 632	-	Division of Co The Centre of	
	Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island Oaks Community LLC	
(Name of the Limited Liability Company as it i (A Florida Limited Liability)	now appears on our records.) Company)
he Articles of Organization for this Limited Liability Company were fi	led on 01/08/2021 and assigned
lorida document number L21000023020	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Inter 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)	
	21
3. If amending the registered agent and/or registered office address	on our records, enter the name of the new regis
gent and/or the new registered office address here:	.1
	コーニュー コーラー ラーラー ラー・ディー アイ・アー・アー・アー・アー・アー・アー・アー・アー・アー・アー・アー・アー・アー・
Name of New Registered Agent:	Ö
Traine of their regionered regent.	94
New Registered Office Address:	<u> </u>
	Enter Florida street address
	. Florida
Cin	Zin 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
AMBR	Don Wenner Family Trust	605 Palencia Club Dr	
		St Augustine, FL 32095	■Remove
			□ Change
AMBR	PEP 17 LLC	605 Palencia Club Drive	= Add
		St Augustine, FL 32095	□Remove
			☐ Change
			□ Add
			□Remove
			□Change
_			
			□Remove
			
			□Add
			□Change
			□Add
		-	□Remove
			□ Change

	
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. Effective date, if other than th	the date of filing:
(If an effective date is listed, the date ir	s block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
(If an effective date is listed, the date magnetic in the Mote: If the date inserted in this document's effective date on the the record specifies a delayed effective.	
(If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the the record specifies a delayed effect cord is filed.	e Department of State's records.
(If an effective date is listed, the date many Note: If the date inserted in this document's effective date on the the record specifies a delayed effect cord is filed.	e Department of State's records. Stive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

Typed or printed name of signee