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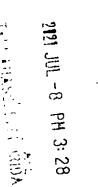
(Requestor's Name)	
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(Document Number)	
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Ammend	Company Owership		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Roger McGregor		
		Name of Person	
	Island Sea Fest LLC		
		Firm/Company	
	1000 5th St. Suite 200		
		Address	
	Miami Beach FL 33139		
		City/State and Zip Code	
	rogera.m@islandseafest.cor		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	ali:	
Roger McGregor		786 8531940 at ()	
Name	of Person	Area Code Daytin	ne 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)
<u>Mailing Addr</u> Registration	_	<u>Street Address:</u> Registration Se	ection
	Corporations	Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island Sea Fest LLC				
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on ed Liability Company)	our records,)	
he Articles of Organization for this Limited L	Liability Compa	ny were filed on $\frac{05/12/2}{12}$	2021	_ and assigned
lorida document number L21000220878	·			
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name of	of the limited lis	ability company here:		
n/A				
he new name must be distinguishable and contain the	words "Limited Lia	ibility Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		<u>.</u>
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		-	
				~~
			•••	JUL
Inter new mailing address, if applicable:		N/A	<u> </u>	1
Mailing address MAY BE A POST OFFICE	E B <u>OX</u>)		,	<u> </u>
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			133	β. 2
 If amending the registered agent and/or gent and/or the new registered office address. 	registered offic ess here:	e address on our recor	ds, enter the name	of the new regis
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida s	areet 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			Co Co Change
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fective date, if other than n effective date is listed, the dat ote: If the date inserted in the cument's effective date on t	e must be specific ar nis block does not	nd cannot be prior meet the applic	able statutory filir	nore than 90 days aff		
ecord specifies a delayed eff is filed.	ective date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of:	(b) The 90	th day after th
July 7		2021				
				_		
	Simutura of	member or author	orized representativ	of a member		