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Please return all correspondence concerning this matter to the following: Ed Bendokas Name of Person Island Management Consulting LLC Firm/Company 79901 Overseas Hwy #411 Address Islamorada F1. 33036 City/State and Zip Code islandmanagement1@gmail.com E-mail address: (to be used for future annual report notification)
Island Management Consulting LLC Firm/Company 79901 Overseas Hwy #411 Address Islamorada F1. 33036 City/State and Zip Code islandmanagement1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ed Bendokas 908 783-2255
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Ed Bendokas 908 783-2255
Name of Percon Area Code Decrino Tolonhous Number
Mea Code Daytine reiephone sumber
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee Certificate of Status □ \$30,00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee.

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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 FILED

Island Management Consulting LLC

2021 NOV 29 AM 7: 56

(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears or Liability Company)	TALLAHAS	OF STATE
The Articles of Organization for this Limited Liab Florida document number 1.21000250940	oility Company			•
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liabi	ility company here:		
he new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the design	nation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	79901 Overseas Hw	y#411	
Principal office address MUST BE A STREET		Islamorada F1, 3303	66	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BE	<u>9x)</u>	79901 Overseas Hw Islamorada FL 3303		
8. If amending the registered agent and/or reg gent and/or the new registered office address	<u>here</u> :	ddress on our reco	rds, <u>enter the n</u>	ame of the new regi
Name of New Registered Agent:	N/A			
New Registered Office Address:	79901 Overseas	s Hwy #411 Enter Florida s	street address	
	Islamorada	,	Florida	33036
		City	Fiorida	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, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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