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COVER LETTER

O: Registration Section ' Division of Corporations			
JBJECT: Island Concierge LLC Name of Limited Liability Company			
ne enclosed Articles of Amendment and fee(s) are submitted for filing.			
ease return all correspondence concerning this matter to the following:			
Stephanie Osterhaut Name of Person			
Island Concierge LLC Firm/Company			
15880 Summerlin Rd #300 PMB 13	3		
Toland Conjerge 1 c e ama; 1 E-mail address: (to be used for futury annual report notification)			
or further information concerning this matter, please call:			
Stephaia Osterhant at (906) 440-2158 Name of Person Area Code Daytime Telephone Number	-		
nclosed is a check for the following amount:	Island Concierge LLC Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Stephanic Osterhaut Name of Person Island Concierge LLC Firm/Company 15880 Summer/in Rd #30 PMB 133 Address TH Mens TL 33908 City/State and Zip Code Lemail address: (to be used for futury annual report notification) mation concerning this matter, please call: Manual Osterhaut at (906) 440-2158 Name of Person at (906) Daytime Telephone Number		
Certificate of Status Certified Copy Certificate of S (additional copy is enclosed) Certified Copy	tatus &		

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 OF

Name of the Limited Liability Co	mpany as it now appears on our records.)
	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L210003348</u> 70	any were filed on $\frac{\int a y \partial 3_{1} \partial 021}{\int and assigned}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited L	
Enter new principal offices address, if applicable:	15980 Summer-ling Rd #300 PMB 133
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	15880 Summerlin Rd # 300 PMB 13 7+ Myers 7L 33908
(Mailing address MAY BE A POST OFFICE BOX)	_ ++ Myers 76 .33908
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	
	80 Summer lin Rd #300 PMB 133 Enter Florida street address
7+	Myers , Florida 33908 Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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 Type of Action Title **Address** 16710 Parridge PLR/ () Add #103, Fort Myczs, - 1 33908 Iana Powel _____ □Change MGR Yelena Yowell 16710 Partridge PLRd Derdd #103, FRH MYCN, - 1 33908 PREMOVE _____ □Change MGR Stephanic Osterbout 13730 Tulias Way # 725 XIAdd 7+ /Myers 71 33919 - Remove _____ Change □Remove □Add _____ □Change Remove

_____ Change

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Effective	date, if other than	the date of filing:	not by prior to date	of filing or more	(optional) than 90 days after filing.) Pursuan	t to 605 0207 i
Note: If the	he date inserted in the	is block does not meet	the applicable st	atutory filing re	equirements, this date will not	be listed as t
document'	s effective date on t	he Department of State	's records.			
e record se	ecifies a delaved eff	ective date, but not an	effective time, at	12:01 a.m. on	the earlier of: (b) The 90th da	ay after the
rd is filed.	••••••••••••••••••••••••••••••••••••••	,			·	•
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Filing Fee: \$25.00