

121000382859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

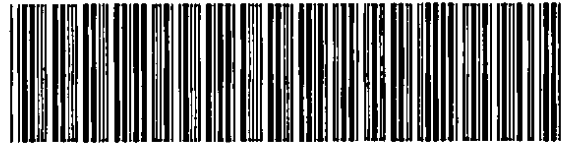
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J. HORNE
MAY - 3 2022

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FILED
2022 APR 21 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RECEIVED

2022 APR 21 AM 7:56

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

April 8, 2022

CINDY BURNS
6151 RIVERWALK LANE
UNIT 8
JUPITER, FL 33458 US

SUBJECT: ISLE OF FREEDOM LLC
Ref. Number: L21000382859

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 522A00008255

Noted & Returned
4/18/22
JH.
TH

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Isle of Freedom Llc.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Burns

Name of Person

Larmer & Burns Tax & Accounting Inc.

Firm/Company

6151 Riverwalk lane # 8

Address

Jupiter FL 33458

City/State and Zip Code

cindy.lamartax@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Burns

561 250-6311

at ()

Name of Person

Area Code

Daytime 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)

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**

Isles Of Freedom LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 APR 21 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FL 32311

The Articles of Organization for this Limited Liability Company were filed on 08/26/2021

Florida document number L21000382859

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address


City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	James Snyder	2100 Old Highway 17N	<input type="checkbox"/> Add
		North Myrtle Beach SC.29582	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Olin T. Thomason	5100 NW 76th Place	<input type="checkbox"/> Add
		Pompano Beach Fl.33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Albert Capellini	14126 Paverstone Terrace	<input type="checkbox"/> Add
		Delray Beach Fl 33446	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	George Petrocelli	2361 NW 30th ST.	<input type="checkbox"/> Add
		Boca Raton Fl 33413	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 14th 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00