

h21 000502825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

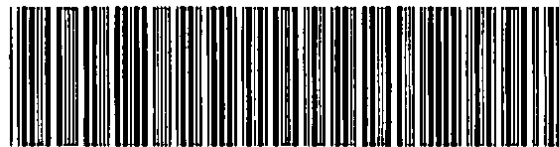
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JAN - 5 2022

Office Use Only



600377852706

12/17/21--01017--027 **25.00

FILED
2021 DEC 17 AM 9:51
SECRETARY OF STATE
HALL ASSESSMENT

December 13, 2021

Raul Lizaso
20170 Pines Blvd, Suite 108
Pembroke Pines, FL 33029
(954) 770-0821

To Whom It May Concern,

On 11/23/2021, I successfully filed and opened **Island Life Holdings, LLC**, Sunbiz Document Number **L21000502825**.

After that time, I attempted to file for an EIN with IRS.gov. I received notice that they could not provide me with an EIN for the company because the name was too alike with other companies. I was told that I had to verify the application information over the phone.

I have tried for two weeks to contact the IRS over the phone and daily, I receive a recording that the lines are too busy and am told to call back the next business day. Then, I am disconnected. I cannot keep waiting to do business and wait for the EIN.

Therefore, I would like to change the business name to **305 Smiles, LLC**.

A \$25.00 check is included for the Filing Fees.

Also included here is The Articles of Amendment to change the business name. Please feel free to contact me with any questions.

Sincerely,

Raul Lizaso

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Island Life Holdings, 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:

Raul Lizaso

Name of Person

Island Life Association, PMA

Firm/Company

20170 Pines Blvd., #108

Address

Pembroke Pines, FL 33029

City/State and Zip Code

305smilesllc@contactme.business

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

For further information concerning this matter, please call:

Raul Lizaso 954 770-0821

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Case	Initial State	Final State	Operation
1	<input type="checkbox"/> Add
2	<input type="checkbox"/> Remove
3	<input type="checkbox"/> Change
4	<input type="checkbox"/> Add
5	<input type="checkbox"/> Remove
6	<input type="checkbox"/> Change
7	<input type="checkbox"/> Add
8	<input type="checkbox"/> Remove
9	<input type="checkbox"/> Change
10	<input type="checkbox"/> Add
11	<input type="checkbox"/> Remove
12	<input type="checkbox"/> Change
13	<input type="checkbox"/> Add
14	<input type="checkbox"/> Remove
15	<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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

_____ 2021

Raul Lizaso

Typed or printed name of signee

Filing Fee: \$25.00