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COVER LETTER

TO: Registration Se Division of Cor		•	6
	RIMÉ COMPANY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARJORIE JOSEPH ALV	VAREZ	
		Name of Person	
	ISLAND PRIME COMPA	NY, LLC	
		Firm/Company	
	5460 RISHLEY RUN WA	Y	
		Address	
	MOUNT DORA FLORID	A 32757	
		City/State and Zip Code	
	ISLANDPRIMELLC@GM		
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
	-	407 541-7507	
MARJORIE JOSEPH A		at () Area Code Daytir	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	vetion
Registration ! Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

12200294401

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISLAND PRIME COMPANY, LLC

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

,		
The Articles of Organization for this Limited Liability		2022 and assigned
Florida document number L22000294401	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here	;
The new name must be distinguishable and contain the words "Li	imited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	:	ords, enter the name of the new registere
	Enter Florida	street address
		, Florida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of m agent as provided for in Cha red office address, I hereby	y duties, and I am familiar with and apper 605, F.S. Or, if this document is

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
AMBR	VLADIMIR DUBUC	9960 WOODFERN WAY	□Add
		PHILADELPHIA, PA 19115	≡ Remove
			□Change
AMBR GASTON ALVAREZ	GASTON ALVAREZ	5460 RISHLEY RUN WAY	□Add
		MOUNT DORA, FL 32757	■Remove
			□Change
 			□Add
			□Remove
			□Remove
			Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable	ate of filing or more than 90 days e statutory filing requirements	optional) after filing.) Pursuant to 605,0207 , this date will not be listed as
ecord specifies a delayed effective is filed.	date, but not an effective time,	, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
	2022		
August 2	··		
ted August 2	··	,	

Filing Fee: \$25.00