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(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

ISLECAPR SUBJECT:	LI III		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tracy DeFreitas		
		Name of Person	
	Law Offices of Michael A	. Bergeron	
		Firm/Company	
	25 Rockwood Road		
		Address	
	Marshfield, MA 02050		
		City/State and Zip Code	
	attybergeron@comcast.net		
	E-mail address: (to be used for future annual report notification)	<u> </u>
For further information e	oncerning this matter, please c	all:	**;
Tracy DeFreitas		617 908-8530 at ()	
Name o	f Person	Area Code Daytime Telephone	e Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certificd Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Section	
Division of C	-	Division of Corporations	
P.O. Box 632 Tallahassee, l		The Centre of Tallahasse 2415 N. Monroe Street,	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISLECAPRI III			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000354421</u> .	vere filed on 8-11-2022	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)			
		<u>~</u>	
Enter new mailing address, if applicable:		73 - 2	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		<u>.:</u> <u>.:</u> <u></u>	
B. If amending the registered agent and/or registered office ac	idress on our records, enter the na	me of the ne	w registere
agent and/or the new registered office address here:		🖒	٠
			l
Name of New Registered Agent:		<u></u>	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	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 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	Michael A. Bergeron	94 Seager Farm Road	■Add
		Marshfield	□Remove
		Massachusetts, 02050	□Change
	<u> </u>		□Add
			□Remove
			□Change
			□Add
			Remove
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			— ⊡Remove
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			□Remove
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neffective date is listed, the date te: If the date inserted in th	the date of filing: must be specific and cannot be prior to date of filing or r is block does not meet the applicable statutory filing the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605,020 ng requirements, this date will not be listed a
cord specifies a delayed effort s filed.	ective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
ed July 9	. 2024	
	, ·	

Filing Fee: \$25.00