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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Sect Division of Corpo		4	
SUBJE	ct: The	Island, GIRL	Company LL	<u>C</u>
The end	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspond	dence concerning this matter	to the following:	
			Name of Person nd FIRT Compo	ing LLC
			CONGRESS AVE. Address	Lot 257
			City/State and Zip Code Company 11 C Q que to be used for future annual report	
For furt	her information cor	ncerning this matter, please ca	all:	1.4.
	Ravin	Rolle	at (561) 24 Area Code Day	8 - 7417 rtime Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$2 :	5.00 Filing Fee	S30.00 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 Sc Division of Co	ection	Street Address Registration Division of C	Section

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Island Girl Company L (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)					
The Articles of Organization for this Limited Liability Company were filed on February 9,3023 and assigned Florida document number <u>L2300073813</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company h	<u>here</u> :					
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:	~3 3					
(Principal office address MUST BE A STREET ADDRESS)	(-					
	- 7 - 7					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	1					
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registere					
Name of New Registered Agent:						
New Registered Office Address: Enter Flo	orida street address					
	, Florida					

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>	Address	Type of Action
MGR	Ravin S. Rolle	2000 NORTH CONGRESS AVE LOTE WEST PALM BCH, Pla 33409	257 _{□Add}
			CRemove
			□Change
AMBR	Ravin S. Rolle	2000 North Congress Ave, Lot 2 WEST PALM BCH, 71a, 33409	57 (DAdd
			□Remove
			Change
		 	DAdd
		.	□Remove
		- <u>-</u>	□ Change
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			□Change

	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional)
lote: If the date inserted in this block does not meet the applicable statutory filing requi	
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the this filed.	earlier of: (b) The 90th day after the
a is med.	,
ated June 12th, 2023.	
alco $\frac{\sqrt{\alpha + \alpha}}{\sqrt{\alpha}}$.	<u>:</u>
Devoise 100	1
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Signature of a member or authorized representative of a me	ember
Signature of a member or authorized representative of a member of of a m	ember