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SECTION -7 AM 10: 50

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COVER LETTER

TO:	Registration Se Division of Cor		•	: ,		
		look Rental, LLC				
SUBJE	CT:		ited Liability Company			
The encl	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Frank J Mercer				
			Name of Person			
			Firm/Company			
	2630 Centennial Place					
			Address	<u> </u>		
		Tallahassee, FL 32308				
						
		fjmercer@lanigancpa.com	to be used for future annual report notif			
For furth	ner information co	oncerning this matter, please co	•	icanon)		
Frank M			at () Area Code Daytime			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	I is a check for th	e following amount:				
⊠ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

L.ED

2073. 1-7 AH 8: 24 Island Overlook Rental, 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 Company were filed on $\frac{2/14/2023}{2}$ and assigned Florida document number 1.23000081425 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Island Overlook Rentals, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 __. Florida ___

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.

Cin

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>	Type of Action
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			□Add
			☐ Remove
			□Change
		 	
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ective date, if other than	the date of filing:	·	(optio	onal)		
n effective date is listed, the date tee: If the date inserted in this	must be specific and cannot be p s block does not meet the ap	prior to date of filing o pplicable statutory fi	r more than 90 days after ling requirements, this	filing.) Pu date wil	irsuant to Il not be i	605.0201 listed as
cument's effective date on the	: Department of State's reco	ords.				
ecord specifies a delayed effectis filed.	ctive date, but not an effecti	ve time, at 12:01 a.r	n. on the earlier of: (b) The 9	0th day a	fter the
	2023					
June 7	 ··	 •				
ted June 7	to M. Leda					
ted June 7	Matthew Signature of a member or	nuthorized representat	ive of a member	_		

Filing Fee: \$25.00