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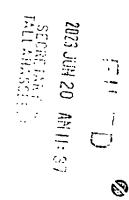
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	J. HORN	IF.
	J. HORN JUN 20 20	T23
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Island Sentood	AUCE LLC
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	
Trease return an correspondence returning	
Rwhad	Oully
	Name of Person
	Firm/Company
	1 :
1011 N	Address
Tallahan	(2) 71/01
	City/State and Zip Code
Island Sco	City/State and Zip Code Code
For further information concerning this matter, please	
0) 1	
Kashud Dally Name of Person	at (1775) So3 St 26 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
	(additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTIC	LES OF ORGA OF	NIZATION	2023 JUN 2	50	8
TSLAND SE	AFOD A	UCE L now appears on our Company)	2023 JUH 20 CLESTICAN, 1000	AN 11:37	
The Articles of Organization for this Limited Liabi	ility Company were fi 1934	led on	17/23	and assigned	
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability co	mpany here:			
The new name must be distinguishable and contain the word	ls "Limited Liability Com	pany," the designation	on "LLC" or the abbrev	riation "L.L.C."	_
Enter new principal offices address, if applicab					_
(Principal office address MUST BE A STREET)	<u> </u>				_
	3				
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BC	<u> </u>				
		 _	<u> </u>		_
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office addres here:	s on our records	, <u>enter the name o</u>	f the new regi	<u>stered</u>
Name of New Registered Agent:	Rushad 1019 N	Bailey			_
New Registered Office Address:					
	Tallah ass	<u>ee</u>	, Florida <u></u>	303 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 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	Camille Haynes	1019 N Monroe St	□Add
		Tallahassee F/3L30	Remove
			Change
MGR	Rushad Vailey	Tallahake F1 32303	🗹 Add
		Tallahake F1 32303	□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
-			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

If amendin	g any other information,	enter change(s) ner	е: (Анасп аааню	mai sneets, ij nec	essary.)	
			<u> </u>			
		<u>-</u>				
				<u> </u>	<u> </u>	
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					<u> </u>	
Note: If the	date, if other than the date e date is listed, the date must be so the date inserted in this block of a effective date on the Depart	loes not meet the appl	icable statutory min	(opt nore than 90 days aften ng requirements, th	ional) er filing.) Pursuant to 605. iis date will not be liste	.0207 (:d as f
ne record spord is filed.	ecifies a delayed effective dat	e, but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day after	r the
Dated	20/23 Sign	ature of a member or au	thorized representativ	e of a member		
	Rashad	ict i	nted name of signee			

Filing Fee: \$25.00