L23000348237

(F	Requestor's Name)	
4)	Address)	<u>.</u>
<u>A)</u>	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



100413599761

08/17/23--01007--016 **25.00

SECRETARY OF STATE
TALLAHASSEF, FI

2023 AUG 17 AM 8: L

COVER LETTER

Division of Cor				
AISLAND				
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:		
	ANA ISABEL SANCHEZ	MENENDEZ		
		Name of Person	 	
	AISLAND LLC			
		Firm/Company		202. SE
	4821 CAMPO SANO CT			2023 AUG 17 AM 8: 40 SECRETARY OF STATE TALLAHASSEE, FL
		Address		到了
	CORAL GABLES FL 331	46		マ (P)
		City/State and Zip Code		ည်းကို ထဲ
	AISLANDLLC@HOTMAI			15 15
	E-mail address: (to be used for future annual report notificat	ion)	1
For further information c	oncerning this matter, please c	all:		
ANA SANCHEZ		305 6072159		
Name o	f Person	at () Area Code Daytime Te	elephone Number	
Carloned in a short Cond	ha Callandina amang			
Enclosed is a check for the	_			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres		Street Address:		
Registration S		Registration Section		
Division of C P.O. Box 632		Division of Corpor The Centre of Tall		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AISLAND LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. .imited Liability Company))
The Articles of Organization for this Limited Liability Co	mpany were filed on	and assigned
Florida document number L23000348237	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	_
		2023 SEC
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the americanion L.C.
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	SSE S S
		
Enter new mailing address, if applicable:		31VI.S 101 :8
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		,
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
	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

AMBR RAMON PEREZ DE LA FUENTE 4821 CAMPO SANO CT Change Chang	<u>Title</u>	<u>Name</u>	Address	Type of Action
Change DChange DCChange DCCChange DCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	AMBR	RAMON PEREZ DE LA FUENTE	4821 CAMPO SANO CT	■Add
Change C				□Remove
Change C			N	□ Change
Change C				□Add
SECRETARY GF STATE AHART GF STATE Change Change Change Change				□Remove
SCT Schange SCT Schange SCT Schange SCT Schange SCT Schange Scha				2023 SE(
□ Add □ Add □ Change □ Change □ Change □ Change				ALL AHAR
				OF SHARE 40
			 	□Add
				□Remove
				□Change
				□Add
				□Remove
□Remove				
□Change				

	 .					
	 					
	 -		•		. =	
		·				2028 AUG SECRET
	·					
	_				<u> </u>	三五二
						AH 8: 4 SSHE. F
						TO 09.
						- m - 0
		<u>.</u> .		· - · · · · · · · · · · · · · · · · · ·		
			····			
-						
,						
Effective de	ite, if other than	the date of fili	ng:		(optic	onal) filing.) Pursuant to 605.01
Man albert	date inserted in th	is block does not	t meet the applica	o date of filing or mo ble statutory filing	re than 90 days after requirements, this	filing.) Pursuant to 605.0. date will not be listed
Note: If the	effective date on th	ie Department of	State's records.			
Note: If the						
Note: If the document's a	rifies a delayed effo	ective date, but no	ot an effective tir	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Note: If the document's de record spectord is filed.	cifies a delayed effo UST 3	ective date, but n	ot an effective tir	ne, at 12:01 a.m. o	n the earlier of: (b) The 90th day after the
Note: If the document's e record spectrd is filed.		ective date, but n		ne, at 12:01 a.m. o	n the earlier of: (b) The 90th day after the
Note: If the document's e record spectrd is filed.			· 2023			The 90th day after the
Note: If the document's document docum			· 2023	ne, at 12:01 a.m. o		The 90th day after the

Filing Fee: \$25 NO