

L23000458553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

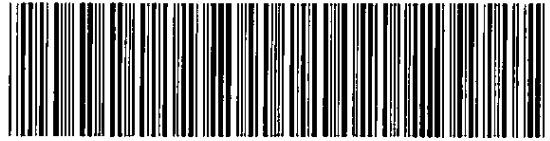
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

[Signature]

Office Use Only



500421354625

01/05/24--01035--003 **25.00

3
7
3
3
3
3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: changing the name from Islands II, LLC
Name of Limited Liability Company
to ANILE, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos E. Barrera

Name of Person

Firm/Company

13090 Vista Isle Dr. #115

Address

SUNRISE FL 33325

City/State and Zip Code

CARBARRER21@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS BARRERA

Name of Person

at (786)

Area Code

877-4774

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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

LAURA I. BARRERA ORTEGA

5014 Florence Drive * Ave Maria, FL 341428 * (561) 713-5827

February 1, 2024

New Filing Section
c/o Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Ref: The Correction of a previously filed LLC

TO: Wanite.mills@dos.myflorida.com
Ref: Florida Document #: L23000458553

In conversation with Wen in Customer Service we told her that we had mistakenly filed for an LLC in the name of Anile, LLC. Of course, immediately your office recognized that the name is previously taken although inactive.

Wen told us to email the **correct name, which is Isleo, LLC**, which is not a name that has been taken.

We apologize for any extra work caused your department as a result of our oversight.

Sincerely,

Laura I Barrera Ortega
Registered Agent

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Islands II, 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 10/03/23 and assigned Florida document number L23000458553

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~Amite LLC~~ Tsted, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

No change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

No change

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:

No change

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.

No 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

No change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

no changes

E. Effective date, if other than the date of filing: January 3, 2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

January 3, 2024

Olga Ortales

Signature of a member or authorized representative of a member

Olga Ortales

Carlos Barera

Typed or printed name of signee