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Division of Corporations

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: (850)617-6383

From:

Account Name : OLIVE JUDD, P.A. Account Number : I20200000171

Phone : (954)334-2250

Fax Number : (888)503-5258

**Ent	er	the	email	address	for	this	busin	ess	entity	to	be i	used	for	future
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 38 ISLA BAHIA, LLC

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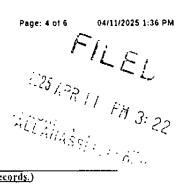
	stration Se sion of Cor			
OTTO TO CAN	38 Isla Bah			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Nicole Villarroel		
			Name of Person	
		Olive Judd, P.A.		
		· ·	Firm/Company	
		2426 East Las Olas Boulc	vard	
			Address	
		Fort Lauderdale, FL 3330	ı	
			City/State and Zip Code	**************************************
		nvillarroel@olivejudd.com		
		E-mail address: (to be used for future annual report	notification)
For further in	formation c	oncerning this matter, please c	all:	
Nicole Villan	roel		954 334-2256 at ()	
	Name o	f Person	Area Code Day	rtime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$ 25.00 Fi	ling 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 (#dditional copy is enclosed)
	ing Addres		Street Address Registration	
	istration S Ision of C	orporations	Division of (
P.O.	Box 632	7	The Centre of	f Tallahassee
Tall	ahassee, F	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

Fax: Anonymous

To: 8506176383@rcfax.com Fax: +18506176383 (((H250001336523)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



38 ISLA BAHIA, 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 Co Florida document number L25000152302	ompany were filed on and assi	gned
This amendment is submitted to amend the following:	_ ∙	
A. If amending name, enter the new name of the limite	ted liability company here:	
,		
The new name must be distinguishable and contain the words "Limite	ted 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 ADDRE	ESS)	
		
	B O Pau 10221	
Enter new mailing address, if applicable:	P.O.Box 10321 Lubbock, Texas 79408	
(Mailing address MAY BE A POST OFFICE BOX)	Lubbock, Texas 79408	
	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	,	
	nd agree to act in this capacity. I further agree to compl	'v with the
provisions of all statutes relative to the proper and cor accept the obligations of my position as registered age	mplete performance of my duties, and I am familiar with ent as provided for in Chapter 605, F.S. Or, if this docum I office address, I hereby confirm that the limited liabilit	n and nent is
	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	Vicki Annette Winegeart	P.O.Box 10321	≡ Add
		Lubbock, Texas 79408	□Remove
			□Change
MGR	Steve Cone	38 Isla Bahia Drive	□Add
		Fort Lauderdale, FL 33316	≅Remove
			□Change
MGR	Cindy Cone	38 Isla Bahia Drive	□Add
		Fort Lauderdale, FL 33316	■Remove
			□Change
			□Add
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is filed.	are date, but not an oricett	70 time, at 12.01 a	on the carner or (, The sourcing area me
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	McoWWW Signature of a member or	www.	Viva of a ma-b	

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