N06000000 4156

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06/05/14--01002--012   **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUL 10 PM 1:55

Amend

JUL 1 1 2014

T. CARTER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2014

ERIKA SHEEHAN
SOUTHWEST PROPERTY MANAGEMENT
PO BOX 7
GOTHA, FL 34734 US

SUBJECT: ISLA BELLA ISLE, INC.
Ref. Number: N06000004156

We have received your document for ISLA BELLA ISLE, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit page 3 of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 114A00013483

RECEIVED
14 JUL 10 AM 11: 18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE. FLORIDA

COVER LETTER

TO: Amendment Section
   Division of Corporations

NAME OF CORPORATION: _Isla Bella Isle, Inc_

DOCUMENT NUMBER: _N06000004156_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erika Sheehan

(Name of Contact Person)

c/o Southwest Property Management

(Firm/ Company)

PO Box 7

(Address)

Gotha, FL 34734

(City/ State and Zip Code)

erika @ Southwest property Management.com

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

For further information concerning this matter, please call:

Erika Sheehan at (_407_) _883- 5294_

(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☑ $35 Filing Fee   ☐ $43.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☐ $52.50 Filing Fee
                       Certificate of Status   Certified Copy   Certificate of Status
                                                  (Additional copy is   Certified Copy
                                                  enclosed)   (Additional Copy is
                                                                            Enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                       Tallahassee, FL 32301

Isla Bella Isle, Inc.

14 JUL 10 PM 1:55

(Name of Corporation as currently filed with the Florida Dept. of State)

No6 00000 4156

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006. Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

_____*The new*
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc"
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

N/A

New Registered Office Address: _____
(Florida street address)

_____, Florida _____
(City)   *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	<u>John Doe</u>
X Remove	<u>V</u>	<u>Mike Jones</u>
X Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) X Change ___ Add ___ Remove	PD	Cruz, Ramon	PO Box 783367 Winter Garden, FL 34778
2) X Change ___ Add ___ Remove	STD	James, Alex	PO Box 783367 Winter Garden, FL 34778
3) X Change ___ Add ___ Remove	VPD	Williams, Angenid	PO Box 783367 Winter Garden, FL 34778
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary).   (Be specific)

N/A

The date of each amendment(s) adoption: _____, if other than the
date this document was signed.

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)   **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)
was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
adopted by the board of directors.

Dated _____ 5/28/14 _____

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)

_____ Ramon Cruz _____

(Typed or printed name of person signing)

_____ President _____

(Title of person signing)