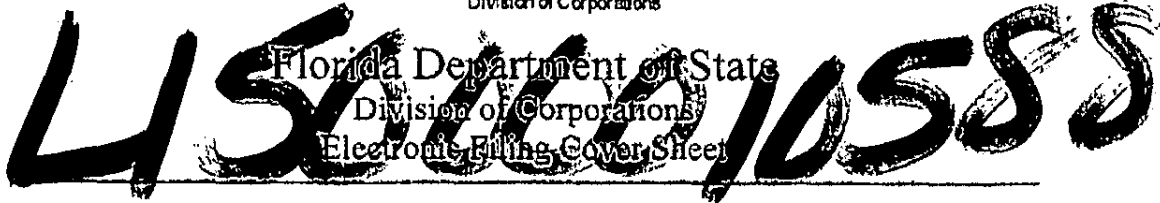


5/5/2015

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000110129 3)))



H150001101293ABCU

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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : BALWANT CHEEMA PA  
 Account Number : I20140000096  
 Phone : (305)698-1321  
 Fax Number : (305)675-8496

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
 2015 MAY -6 PM 2:39  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 EDGEWATER FUND II, LLC**

Certificate of Status	0
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MAY 07 2015  
 D. BRUCE

**COVER LETTER**

H15000110129 3

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EDGEWATER FUND II, LLC**

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

BRIAN DEL FIERRO

Name of Person

BALWANT CHEEMA CPA

Firm/Company

8301 NW 197TH ST

Address

MIAMI, FL 33015

City/State and Zip Code

BRIAN@BALCPA.COM

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

For further information concerning this matter, please call:

BRIAN DEL FIERRO

at ( 305 ) 764-1073

Name of Person

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 &  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2015 MAY - 6 PM 2:39  
TALLAHASSEE FLORIDA  
STATE DEPARTMENT OF REVENUE

H15000110129 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H15000110129 3

EDGEWATER FUND 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 JANUARY 20TH, 2015 and assigned Florida document number L15000010588

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

BALWANT CHEEMA CPA

New Registered Office Address:

8301 NW 197TH STREET

*Enter Florida street address*

MIAMI

*City*

Florida 33015

*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.*

*Balwant Cheema*  
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>
MGR	SVILUPPO MIAMI LLC	1001 BRICKELL BAY DR. STE 1	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MASSIMO NICASTRO	8301 NW 197TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33015	<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

2015 MAY 5 PM 2:3  
 FILED  
 MIAMI COUNTY CLERK  
 1000 N. MIAMI AVE.  
 MIAMI, FL 33132

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)** H15000110129 3

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\_\_\_\_\_

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\_\_\_\_\_

2015 MAY -6 PM 2:39  
 MASSACHUSETTS SECRETARY OF STATE

**FILED**

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 MAY 6TH 2015

*Massimo Nicastro*

Signature of a member or authorized representative of a member

MASSIMO NICASTRO  
 \_\_\_\_\_  
 Typed or printed name of signee