

(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARCHIPELAGO HOUSING II, LLC

Certificate of Status	0
Certified Copy	θ
Page Count	04
Estimated Charge	\$25.00

Hi team,

Please help me correct the address under management info... I misspelled the street name on the previous amendment. Thank you!

T. LEMIEUX

APR 2 7 2023 Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARCHIPELAGO HOUSING II, LLC	
. (Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number M23000004945	pany were filed on $\frac{04/17/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
N/A	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRES:	<u></u>
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of lagent and/or the new registered office address here:	fice address on our records, enter the name of the new registers
Name of New Registered Agent: N/A	20
New Registered Office Address:	TV 1.7
	Emer Florida street address

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.

Cuy

Zip Code

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
MGRM	Michael Lee	157 COLUMBUS AVENUE, SUITE 527	三 Add
		NEW YORK, NY 10023	□ Remove
			Change
MBR	REVOCABLE TRUST OF KENNETH LEE	157 COLUMBUS AVENUE. SUITE 527	□Add
	NEW YORK, NY 10023		
			□Add
			□Remove
			[] Change
			🗀 Add
			Remove
			□ Add
	ATT		
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Effective date, if other than the distant effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the a	applicable statutory i	(option or more than 90 days after ti- filing requirements, this o	n al) iling.) Pursuant to 605.0207 (ilate will not be listed as t
ne record specifies a delayed effective d ord is filed.	late, but not an effec	tive time, at 12:01 a.	.m. on the earlier of: (b)	The 90th day after the
	2023			
Dated April 26		·		
- Aul		·		
Dated April 26	gnature of a member of	r authorized representa	ative of a member	