

11/30/00 004895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

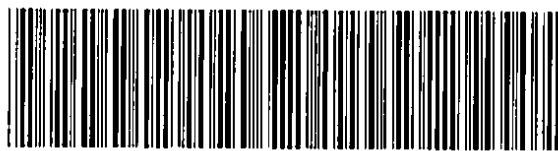
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

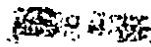
Office Use Only



700412573987

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG - 1 PM 12:40

RECEIVED
2023 AUG - 1 PM 3:46
ALLAHASSEE, FLORIDA



R. HUNT

08/01/23

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/01/2023

****WALK IN****

ENTITY NAME Archipelago Housing II, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

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XXXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$55

ACCOUNT #: 120160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCHIPELAGO HOUSING II, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diana Serra

Name of Person

Corporate Creations International

Firm/Company

801 US Highway

Address

North Palm Beach, FL 33408

City/State and Zip Code

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

For further information concerning this matter, please call:

Diana Serra at (561) 649-8107
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ARCHIPELAGO HOUSING II, LLC

Enter new principal office 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)*** _____

2. The Florida document number of this limited liability company is: M23000004945

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/17/2023

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SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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** _____
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.

If Changing Registered Agent, Signature of New Registered Agent

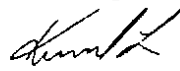
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Revocable Trust of Kenneth Lee	157 Columbus Ave., STE. 527, New York, NY 10023	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Revocable Trust of Kenneth Lee Dated October 19, 2022	157 Columbus Ave., STE. 527, New York, NY 10023	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MBR	Revocable Trust of Kenneth Lee Dated October 19, 2022	157 Columbus Ave., STE. 527, New York, NY 10023	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	Michael Lee	157 COLUMBUS AVE., STE. 527	<input type="checkbox"/> Add
		NEW YORK, NY 10023	<input checked="" type="checkbox"/> Remove
MBR	Michael Lee	157 COLUMBUS AVE., STE. 527	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10023	<input type="checkbox"/> Remove

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 STATE SECRETARY OF STATE
 DIVISION OF CORPORATIONS

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Kenneth Lee, Trustee of the Revocable Trust of Kenneth Lee Dated October 19, 2022,
the Manager of Archipelago Housing II, LLC

Typed or printed name of signee

Filing Fee: \$25.00