A04000000230

(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



200381069832

02/08/22--01022--003 **52.50

APPROVED AND FILED 2022 FEB - 8 PM 3: 47 SECRELLIKE OF STATE ALL ANA SECTOR STATE

COVER LETTER

TO:	Registration S Division of Co				
SHRI	FCT: FM LIMI	TED PARTNERSHIP II			
3000	Nan	ne of Florida Limited Partn	ership or Limited	Liability	Limited Partnership
The er	nclosed Certific	ate of Amendment and	l fee(s) are subr	nitted fo	or filing.
Please	return all corre	spondence concerning	this matter to:		
OLGA	L. DOMINGUEZ	, PARALEGAL			
		Contact Person		_	
COHE	N. CHASE, HOFF	MAN & SCHIMMEL, P.A	١.		
		Firm/Company		_	
9400 S	OUTH DADELAN	ND BOULEVARD, SUITE	600		
		Address		-	
MIAM	I, FLORIDA 3315	6			
	Ci	ty, State and Zip Code		-	
ODON	IINGUEZ@MIAN	MITAXLAW.COM			
E-	mail address: (to b	oc used for future annual re	port notification)	-	
For fu	rther informatio	on concerning this matt	ter, please call:		
OLGA	L. DOMINGUEZ	, PARALEGAL	at (305	670-0	0201
	Name of Contac	Person		nd Daytin	ne Telephone Number
Enclos	sed is a check fo	or the following amour	nt:		
\$ 52.	50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	S105.00 Filing and Certified Cop		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Regist Division P.O. B	ng Address: ration Section on of Corporati fox 6327 assee, FL 3231		Registi Divisio The Ce 2415 N	entre of N. Monr	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

F	⁷ M LIMITED PARTNERSHIP II
Insert name cur	rrently on file with Florida Department of State
imited liability limited partnership, who	0.1202, Florida Statutes, this Florida limited partnership or ose certificate was filed with the Florida Department of State on signed Florida document number A04000000230
dopts the following certificate of amen	ndment to its certificate of limited partnership.
his amendment is submitted to amend the f	following:
a. If amending name, <u>enter the new nar</u> lere:	ne of the limited partnership or limited liability limited partnershi
New name must be	e distinguishable and contain an acceptable suffix.
acceptable Limited Partnership suffixes: Limite cceptable Limited Liability Limited Partnersh	ed Partnership, Limited, L.P., LP, or Ltd. ip suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/ principal office address here:	or principal office address, enter new mailing address and/or
New Principal Office Add (Must be STREET address)	dress:
New Mailing Address: (May be post office box)	
. If amending the registered agent and/o egistered agent and/or the new registered	or registered office address on our records, enter the name of the new d office address here:
Name of New Registered Agent:	ELIZABETH M. MOYA
New Registered Office Address:	Enter Florida street address
	CORAL GABLES , Florida 33146 Zip Code Zip Code
	ARD RECEIVED

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.

		ELIZABETH M. MOYA If Changing Registered Agent, Signa	ture of New Register	
	he general partner(s), <u>enter the reference our records</u> :	name and business address of e	ach general part	
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action	
ENERAL RTNER	MARIA C. MOYA	1450 MADRUGA AVENUE, SUITE 207 CORAL GABLES, FL 33146	_ □ Add ■ Remove	
ENERAL ARTNER	FRANK MOYA, TRUSTEE	1450 MADRUGA AVENUE, SUITE 207 CORAL GABLES, FL 33146	_ Add Remove	
ENERAL ARTNER	ELIZABETH M. MOYA-SAKRAN	1450 MADRUGA AVENUE, SUITE 207 CORAL GABLES, FL. 33146	_	
ENERAL ARTNER	ELIZABETH M. MOYA	1450 MADRUGA AVENUE, SUITE 207 CORAL GABLES, FL 33146	_ Add _ Remove	
NERAL RINER	ELIZABETH M. MOYA. TRUSTEE	FRANK MOYA REVOCABLE TRUST U/A/D 2/2/2000, AS AMENDED 1450 MADRUGA AVENUE, SUITE 207 CORAL GABLES, FL 33146	_ Add _ Remove	
NERAL RTNER	GWYNETH CLARKE-BELL, TRUSTEE	FRANK MOYA REVOCABLE TRUST U/A/D 2/2/2000, AS AMENDED 1450 MADRUGA AVENUE, SUITE 207 CORAL GABLES, FL 33146	_ ☐ Add ☐ Remove	
	partnership or limited liability ip" status, enter change here:	limited partnership is amen	ding its "limited	
This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."				

F. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of file (Effective date cannot be prior to nor more than S	ling:
State.)	eet the applicable statutory filing requirements, this date will not
Signature(s) of a general partner or all	
(*NOTE: Only one current general partner is requestioned a "limited liability limited partnership" when adding or removing a "limited liability limited liab	quired to sign this document unless the limited partnership is adding or election statement. Chapter 620, F.S., requires all general partners to sign ted partnership" election statement.)
ELIZABETH MAROYA	
Signature(s) of all new or dissociating g	eneral partner(s), if any:
MARIA C MOYA	ELIZABETH M.MQYA, Trusice
ELIZABETH M. MOVA-SAKRAN	GWYNETH CLARKE-BEPL, YUSIGE
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	0