A16000000 423

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:





300353163943

15/68,26--61688--627 **52.58

2020 OCT -6 PH 4: 41

COVER LETTER

TO: Registration S Division of C				
SUBJECT: Wheat Se	elf-Storage Partners II, LP	•		
Na Na	me of Florida Limited Par	rtnership or Limited	Liability	Limited Partnership
The enclosed Certific	cate of Amendment a	nd fee(s) are subr	nitted f	or filing.
Please return all corr	espondence concerni	ng this matter to:		
Stacy Allison				
	Contact Person		_	•
Bray & Long, PLLC				
	Firm/Company		_	
2820 Selwyn Avenue, S	te 400			
	Address		_	
Charlotte, NC 28209				
	ity, State and Zip Code		_	
sallison@braylong.com				
E-mail address: (to	be used for future annual	report notification)	_	
For further informati	on concerning this ma	atter, please call:		
Stacy Allison		at (⁷⁰⁴	523-7	777
Name of Contac	et Person		nd Dayti	me Telephone Number
Enclosed is a check f	or the following amo	unt:		
■ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified Cop		□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Registr Division The Ce 2415 N	entre of I. Moni	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Wheat Self-Storage Partners II, LP	<u></u>			_
Insert name currently of	n file with Florida Departn	nent of State		
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer 8/9/2016 assigned ladopts the following certificate of amendment	tificate was filed with Florida document nun	the Florida Depa iber <u>A16000000423</u>	rtment of S	or State on,
This amendment is submitted to amend the following	ng:			
A. If amending name, <u>enter the new name of the here:</u>	ne limited partnership	or limited liability	limited pa	<u>rtnership</u>
New name must be disting	uishable and contain an ac	ceptable suffix.	<u>-</u> ,,_	
Acceptable Limited Partnership suffixes: Limited Partnership suffixed Acceptable Limited Liability Limited Partnership suffixed. B. If amending mailing address and/or principal office address here:	es: Limited Liability Limit	ed Partnership, L.L.l.		
New Principal Office Address: (Must be STREET address)	3547 53rd avenu Bradenton Flori			
New Mailing Address: (May he post office box)	3547—53rd avenue Bradenton_Elorid			
C. If amending the registered agent and/or regis registered agent and/or the new registered office	tered office address on address here:	our records, enter	the name of	_4-14
Name of New Registered Agent:	JAMES LOCKHART	·	6	
New Registered Office Address:	3547 53rd avenue Bradenton Florid Enter Flor		STATE	
_	City	, Florida	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.

If Changing Meistered Agent. Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
General #	Wheat Capital Management, In	3547 53rd Avenue West #184 Bradenton, FL 34210	_ □ Add _ ■ Remove
General d	3L Capital LLC	3547 53rd Avenue West #184 Bradenton, FL 34210	_
			Add CRemoves
			_ □\Add = □\Remove=

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

a	This Limited Partnershi	p hereby elects to be a	"Limited Liability	Limited Partnership

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

[☐] This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other informatio	n, enter change(s)	here: (Attach	additional si	heets, if n	ecessary	<i>:)</i>
	· · · · · · · · · · · · · · · · · · ·			<u>, </u>	·	
					. <u> </u>	
Effective date, if other than the date of fi (Effective date cannot be prior to nor more than		te this document	is filed by the	Florida I)epartme	nı of
State.) Note: If the date inserted in this block does not me be listed as the document's effective date on the			quirements, tł	nis date wi	ll not	
Signature(s) of a general partner or all	l general partne	rs*:				
/*NOTE: Only one current general partner is recremoving a "limited liability limited partnership" when adding or removing a "limited liability limited liability liability liability limited lia	quired to sign this do	ocument unless the Chapter 620, F.S	ne limited par S., requires al	tnership is I general p	s adding operations to	or o sig
- Jaffard	_		<u> </u>			
	_					
	_					
	_				-	
Signature(s) of all new or dissociating	general partner	(s), if any:				
					2	
	_			74.5	020 0	,
	_				1	F E
Filing Fee: \$52.5				ASSE ASSE	6 PH	11.1
Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.7				1.3 VIS	= (