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SECRETARY OF STATE
SECRETARY OF FLORIDA

J. BRYAN

AUG 1 3 2009

EXAMINER

COVER LETTER

TO:

TO:	Registration Se Division of Con				
SUBJECT:		Consolidated C	Consolidated Capital Funding II, LLC		
		Name of Lim	ited Liability Company		_
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	r to the following:		
		Michael M. Gilardi		<u></u>	
			Name of Person		
Consoli		dated Capital Funding	II, LLC	O9 AUG 12 PM 1:44 SECRETARY OF STATE TALL AHASSEE, FLORID	
			Firm/Company		聖后
		1417 Shadwell Circle		ARY SSI	
		Address		- 변유 교	
		ı	Heathrow, FL 32746		F. ST.
		City/State and Zip Code			
		E-mail address: (ikegilardi@yahoo.com to be used for future annual repo	ort notification)	_
For furth	ner information c	concerning this matter, please of	call:		
	Mich	nael M. Gilardi	at (_407_)	804-0492 Daytime Telephone Num	
Name of Person		Area Code &	Daytime Telephone Num	ber	
Enclosed	d is a check for t	he following amount:			
□ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Certif nclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
		ING ADDRESS:	STREET/O	OURIER ADDRESS	:
Registration Section Division of Corporations P.O. Box 6327			Corporations		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Consolidated	Capital Funding ILLLC				
Consolidated Capital Funding 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 Co Florida document number	ompany were filed on 02/04/2005 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	Consolidated Capital Funding II, LLC				
(Principal office address MUST BE A STREET ADDRE					
	Altamonte Springs, FL 32714				
Enter new mailing address, if applicable:	Consolidated Capital Funding II, LLC				
(Mailing address MAY BE A POST OFFICE BOX)	217 N. Westmonte Dr., Suite 1007				
	Altamonte Springs, FL 32714				
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>enter the name of the nev</u> ess here:				
Name of New Registered Agent: Micha	Michael M. Gilardi				
New Registered Office Address: 1417 S	Shadwell Circle				
	Enter Florida street address				
	Heathrow Florida 32746-4345				

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name **Address** Type of Action MGR Pamela Gilardi Pamela Gilardi ✓ Add 1417 Shadwell Circle Remove Heathrow, FL 32746 Rosario Cassata MGR Rosario Cassata ☐ Add 640 Johnson Ave. Suite 5 ✓ Remove Bohemia NY 11716 MGR George Heinlein Geor⊌e Heinlein ☐ Add 888 Veterans Memorial Hwz. Suite 430 7 Remove Haurrause NY 11788 ∏Add Remove Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated __ Signature of a member or authorized representative of a member Michael M. Gilardi Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00