L07000008084

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(AUG 2 1 2013

D. BRUCE

COVER LETTER

TO: Registration S Division of Co		
SUBJECT:Ca	alifornia II, LLC.	
	Name of Limited Liability Company	_
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Janice Kolar Name of Person	
	Manie of Leison	-
	Brooks Tropicals Holding, Inc.	
	Firm/Company	
	•	
	P.O. Box 900160	
	Address	
	H	
	Homestead, FL 33090-0160 City/State and Zip Code	
		7 Na
	janice@brookstropicals.com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	AUG 21 AHASS
T / W T		₩~ □ !
Janice Kola	at 655 247, CRE: 74.	
	of Person Area Code & Daytime Telephone Nu	STATE CORIDA
Enclosed is a check for t	the following amount:	
★ \$25.00 Filing Fee	Certificate of Status Certified Copy Cert (additional copy is enclosed)	0 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

California II, LLC.	Company as it now apr	ears on our records)		
(<u>Name of the Limited Liability</u> (A Florida	Limited Liability Compan	y)		
The Articles of Organization for this Limited Liability (Company were filed on _	01/19/2007	and assig	gned
Florida document number <u>L0700008084</u>	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company	here:		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Cor	npany," the designation	"LLC" or the ab	breviation
Enter new principal offices address, if applicable:			A. 6	381
(Principal office address MUST BE A STREET ADDI	RESS)			
			<u>(\lambda_1) \</u>	E C
Enter new mailing address, if applicable:			E E E	e II
(Mailing address MAY BE A POST OFFICE BOX)				л <u>Г</u>
				ภ์
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				· · ·
		Enter Florida street a	ter Florida street address	
	City	, Florida _	Zip Code	
	cuy		zip Coae	

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.

If Changing Registered Agent, Signature of New Registered Agent

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			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			·
			Add
			Remove
			Add
			Remove
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			Remove
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			Remove 2013 AUS 20 PM C. OS Remove Remove Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	Article IV - Management
	The company shall be a Member managed company and the management of
	the LLC. shall be by the sole Member, Brooks Tropicals Holding, Inc.,
	a Florida corporation.
Dated _	July 24, , >013.
	Janui Kolan
	Signature of a member or authorized representative of a member Janice Kolar
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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