LEDOW 8787

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration S Division of Co			
Florida Ta SUBJECT:	x Lien Assets II, LLC		
SOBILCT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter	-	
	Kelly P Kite Jr.		
		Name of Person	
	Kite Tax Lien Capital, LLo	C	
		Firm/Company	
	2055 US Highway 1		₩
		Address	
	Vero Beach, FL 32960		EB ?
		City/State and Zip Code	
	kelly@ktlc.us	to be used for future annual report notif	
For further information	concerning this matter, please co	•	reation)
Kelly P Kite Jr.		772 538-7507	
Name	of Person		Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

Florida Tax Lien Assets II, LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited l	Liability Company were filed on 1/25	/2010 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and		7 FEB 2 STATE TO STAT
registered agent and/or the new registered of	office address here:	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	416 SE Cortez Ave	da street address
	Stuart	, Florida ³⁴⁹⁹⁴ Zip Code
	City	гір Соае

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$MGR = M_{S}$ $AMBR = A_{S}$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
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ective date, if other than the	date of filing:			(opti	ional)	
neffective date is listed, the date muster: If the date inserted in this bl	st be specific and cannot ock does not meet the	it be prior to da ne applicable	te of filing or most statutory filing	re than 90 days afte requirements, thi	r filing.) Pursuant to 60 is date will not be lis	5.020 ted a:
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record specifies a delayed The 90th day after the rec	ord is filed.	but not an	effective til	ne, at 12:01	a.m. on the earl	ier o
	201	7 				
February 16	,					
ed February 16	7 NK					
ed February 16	Signature of member	r or authorized	representative of	f a member		

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Filing Fee: \$25.00