

## L11000062506

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

ΓΟ: Registration Division of C	Section :	*4** .	
SUBJECT:	HARP	ATKA II LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		MARIAN MOSCU	
		Name of Person	
		HARPATKA II LLC	
		Firm/Company	
		3802 NE 207TH ST.	
		Address	
	A	VENTURA, FL 33180	
		City/State and Zip Code	
		U@ROYCETRADING.COM o be used for future annual report notifical	tion)
for further information	concerning this matter, please co	·	,
MARIAN MOSCU Name of Person		ai ( <u>· · )</u>	021401
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	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:

TO:

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

FILED
JUL 15 AN II: 56

	HARPATKA II LLC	SECRETARY	OF STATE	
(Name of the Limited	HARPATKA II LLC d Liability Company as it now app A Florida Limited Liability Company	ears on out <b>#idoAttA</b> SSEE /)	. FLORIDA	
The Articles of Organization for this Limited L		*** * *	and assigned	
Florida document numberL1100006	2506			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability company h	nere:		
The new name must be distinguishable and end w"L.L.C."	ith the words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		·	
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<del> </del>	
B. If amending the registered agent and registered agent and/or the new registered o		our records, enter the	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address		
		, Florida		
	City		Zin 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 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 **Type of Action** Title Address Name MGRM JUSUMIS Irrevocable Trust 3802 NE 207TH ST ✓ Add Remove AVENTURA FL 33180 Ionathan Brief MGRM P.O BOX 800324 ✓ Add Remove AVENTURA, FL 33280 \_ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 7TH 2011 Signature of a member or authorized representative of a member MARIAN/MOSCU/ Typed or printed name of signee

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Filing Fee: \$25.00