L14000120679

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MINERLEY FEIN, P.A.
Account Number : I19980000064
Phone : (561)362-6699
Fax Number : (561)447-9884

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PARTNERSHIP II, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARTNERSHIP II, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW K. FEIN, ESQ
Name of Person

MINERLEY FEIN, P.A.
Firm/Company

1200 NORTH FEDERAL HIGHWAY, SUITE 420
Address

BOCA RATON, FL 33432
City/State and Zip Code

DREW@MINERLEYFEIN.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANDREW K. FEIN at (561) 362-6699
Name of Person Area Code Daytime Telephone 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:
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PARTNERSHIP 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 Company were filed on OCTOBER 21, 2011 and assigned Florida document number L11000120679.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5801 MARGATE BLVD
MARGATE, FLORIDA 33063

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

315 WEST 75TH PLACE
HIALEAH, FLORIDA 33014

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TALLAHASSEE, FLORIDA
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: KENNETH L. MINERLEY, ESQ

New Registered Office Address: 1200 N. FEDERAL HIGHWAY, SUITE 420
Enter Florida street address

BOCA RATON, Florida 33432
City *Zip 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 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

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	VINCENT CHASE	7256 NW 116 LANE PARKLAND, FL 33076	☐ Add ☒ Remove
MGRM	G & S MARGATE, LLC	315 WEST 75TH PLACE HIALEAH, FL 33014 DOCUMENT L14000080150	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/21 2014

Signature of a member or authorized representative of a member

VINCENT CHASE

Typed or printed name of signee

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Filing Fee: $25.00

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