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SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

排作人 明治

T SCHROEDER

COVER LETTER

TO: Registration S Division of Co			•
	II Investment Company, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Julia Knight		
		Name of Person	
	Blue Fin II Investment Cor	mpany, LLC	
	-	Firm/Company	
	301 NW 138th Terrace		
		Address	
	Jonesville, FL 32669		
	jfaulkner@cabgen.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Julia Knight		352 224-2820 at ()	
Name	of Person		e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as i (A Florida Limited Liability	t now appears on our record y Company)	rds.)
The Articles of Organization for this Limited I	Liability Company were	filed on 12/3/2012	and assigned
Florida document number L12000151039			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)	 	
			S
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		25 S O
			
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	address on our recor	ds, <u>enter the name of the</u>
Name of New Registered Agent:	Julia W. Knight		
New Registered Office Address:	301 NW 138th Terrac		
		Enter Florida street addr	ess
	Jonesville		Florida <u>32669</u>
	C	iny ————————————————————————————————————	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

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 = Manager

AMBR = Authorized Member Type of Action Address **Title Name** _□ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change **a** Add ____C _E Change <u>ro</u> Add _□ Remove _ Change □ Add _□ Remove _□ Change □ Add □ Remove ☐ Change

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cument's effective date on the De	partment of State's rec	ords.				
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The 90th day after the reco		t not an enec	tive time, at 1	2.01 4.111. 011	the earn	ici c
. December 14	2018					
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