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(Re	equestor's Name)	·
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COVER LETTER

TO: Registration S Division of Co			
	IMMO II, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	pondence concerning this matter	to the following:	
	FREDERIC M. BARTHE, E	SQ.	
	. <u>. </u>	Name of Person	
	17 SE 24TH AVE. 2ND FLO	Firm/Company OOR	
	POMPANO BEACH, FL 33	Address 062	
	City/State and Zip Code FBARTHELAW@GMAIL.COM E-mail address: (to be used for future annual report notification)		
	E-mail address: (to be used for future annual report notif	leation)
For further information	concerning this matter, please ca	all:	
FREDERIC BARTHE		954 784-2800	
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)
MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2019/1/2 9 AMIL: 11

LABAYE IMMO II, LLC.

The Articles of Organization for this Limited Liability Compare Florida document number L1300094206 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ibility company here:		
A. If amending name, enter the new name of the limited light file new name must be distinguishable and contain the words "Limited Liabeth new principal offices address, if applicable:	bility Company," the designation "L.L.C" or the abbreviation "L.L.C C/O MOYAL ACCOUNTING 10796 PINES BLVD. STE 204		
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable:	bility Company," the designation "L.L.C" or the abbreviation "L.L.C C/O MOYAL ACCOUNTING 10796 PINES BLVD. STE 204		
Enter new principal offices address, if applicable:	C/O MOYAL ACCOUNTING 10796 PINES BLVD. STE 204		
• •	10796 PINES BLVD. STE 204		
• •	- <u>-</u> -		
	PEMBROKE PINES FL 33026		
	PEMBROKE PINES FL 33026		
Enter new mailing address, if applicable:	C/O MOYAL ACCOUNTING		
Mailing address MAY BE A POST OFFICE BOX)	10796 PINES BLVD. STE 204		
	PEMBROKE PINES FL 33026		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent: FREDERIC			
17 CE 24TL	AVE. 2ND FLOOR		
New Registered Office Address: 17 SE 241F	Enter Florida street address		
POMPANO	BEACH Florida 33062		
	City Zip Code		

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 $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
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Filing Fee: \$25.00