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B. BOSTICK

#### **COVER LETTER**

· TO:

Registration Section Division of Corporations

SUBJECT

# JOHNSON STREET PROPERTIES 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:

### Victoria Bertrand

Name of Person

## Bloomgarden Goudreau & Rosen P.A.

Firm/Company

8551 W. Sunrise Blvd., Suite 208

Address

Ft. Lauderdale, FL 33322

City/State and Zip Code

vbertrand@lawbgr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Bertrand

954, 370, 2222

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### JOHNSON STREET PROPERTIES I, 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 Comp	any were filed on August 20, 2	2013 and assigned	
Florida document number L13000117854	, , , , , , , , , , , , , , , , , ,		
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 "l "L.L.C."	Limited Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	7A(	
		<u> </u>	
		$\frac{265}{100}$ $\omega$	
Enter new mailing address, if applicable:		0 T	
(Mailing address MAY BE A POST OFFICE BOX)		in The same	
		08 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		W. C	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, enter the name of the new	
Name of New Registered Agent:	*******		
New Registered Office Address:			
	Enter Florida street address		
		lorida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and co accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	omplete performance of my dutie as provided for in Chapter 608,	es, and I am familiar with and F.S. Or, if this document is	

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 **Title** Name **Address** Type of Action 9595 Harding Avenue **MGRM** COCO DIVA INVESTMENTS, LLC Surfside, FL 33154 9595 Harding Avenue MGR COCO DIVA INVESTMENTS, LLC Surfside, FL 33154 Remove विह्न द्वीदिस्तालिक Remove

D. If amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
Dated October 29	/ 2013
	Signature of a member or authorized representative of a member
<del>=</del>	ADAM Schucker ESC. Typed or printed name of signee

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Filing Fee: \$25.00

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