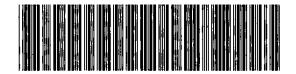
# 2/3000131019

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300279703643

12/07/15--01035--020 \*\*25.00

SECHE RAY OF SIALL

| LED |-7 PH 2: 47

K. SALY EXAMINER DEL 9 2015

### **COVER LETTER**

10:	Division o	on Section f Corporation	ons			
SUBJE	ст:р	hibeiro	Internation Name of Limit	nal Invest	ments II	LLC
The enc	losed Articl	es of Amend	lment and fee(s) are subr	mitted for filing.		
Please r	eturn all con	rrespondence	concerning this matter	to the following:		
	•	<del></del>	Carla	L Fernan	idez	
				Name of Feison		
				Firm/Company		<del></del>
			493	Costle	DR	
				Address	,	-
			Naples	FL 3	34119	
			Carla	City/State and Zip Cod  Of Me  to be used for future annu	dia-com	
<b>D</b> C .					ar report notification,	,
ror lun	mer miorma	mon concern	ing this matter, please ca	111.		1
<u> </u>	<u>arla</u>	L Fe	ernandez	at ( <u>239</u> ) Area Code)	287 - 7- Daytime Teleph	126 none Number
Enclose	ed is a check	for the follo	wing amount:			
\$25	5.00 Filing F	iee 🗆 S	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is a		Sectificate of Status & Certificate 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

## TO ARTICLES OF ORGANIZATION OF

	ional truestments IL LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L \3000\31019	were filed onO9 - \15 - 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  .  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	, Florida 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

#### or removed from our records:

MGR = Manager AMBR = Authorized Member **Title Name** <u>Address</u> **Type of Action** MGRM. Luiz Antonino M Ribeiro Aua Teodoro Braga 111/104 DAdd Rio de Janeiro BJ 21920-136 Nemove ☐ Change Rua Teodoro Braga 111/104 Karina da silva Ribeiro MERM Rio de Janeiro RJ 21920-236 BR Remove ☐ Change MERM 493 Costle DR Noples FL 34119 DAdd Douglas E Fernandez □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

Change

_	
-	
_	
-	
	Tallo DEC -7
-	
-	
_	
_	
-	
_	
	<del></del>
-	
_	
-	
-	
-	
	ive date, if other than the date of filing: $12.01.2015$ (optional)
anect an efi	ive date, if other than the date of filing: 13.01.2015 (optional) (ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
<u> Vote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ocum	end's effective date on the Department of State's records.
0 500	cord charifies a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier of
The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on 90th day after the record is filed.
)ated	12-09-2015
rutcu	<del></del>
	I WIDE
	Signature of a member or authorized representative a member
	Carla L Fernandez
	1

Page 3 of 3

Filing Fee: \$25.00