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Division of Corporations Fax Number : (850)617-6383

From:

C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 (614) 280-3338 Phone Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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TO:

COVER LETTER

TO:	Registration So Division of Cos	ection rporations		
CIID ID	Communit	y Partners Fund II, LLC		
SUBJE	UI;	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Tony T. Brown		
•			Name of Person	Article-graphic maps mirror to manus almost
•		T. Brown Consulting Grav	p, LLC	
			Firm/Company	
		P.O. Box 10385		
			Address	
		Riviera Beach, Florida 334	119	
		tbrown@tbrownconsultingg	City/State and Zip Code	
			to be used for future annual report not	fication)
For fund	her information o	concerning this matter, please ca	ull:	
Tony T	. Brown		904 407-3591	
***************************************	Nume	of Person	at ()	e Telephone Number
Enclose	d is a check for t	he 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)
	MAIL	ING ADDRESS:	STREET/COUR	IER 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

Community Parmers Fund II, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L14000136724	were filed on and assigned and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	95575 Burney Rd.,			
(Principal office address MUST BE A STREET ADDRESS)	Amelia Island, Florida 32034			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 15666 Fernandina Beach, Florida 32035			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	To the state of th			
N (N)				
Name of New Registered Agent:				
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

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	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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If amending any other information, enter change(s) here: (Attach ad	, , , , , , , , , , , , , , , , , , ,
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 days after filing Pursuan (2005,020
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ne record specifies a delayed effective date, but not an effective filed. The 90th day after the record is filed.	ve time, at 12.01 a.m. on the ediller t
Dated Nanember 10, 2016.	
Tomi Ti R	
Signature of a member or authorized represent	utive of a member
Tony T. Brown	
Typed or printed name of signs	

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