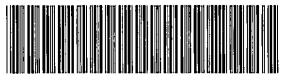
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(Business Entity Name)	
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SECRETARY OF STATE
IALLAHASSEE, FLORIDA

OCT 2 0 2018 S. YOUNG

COVER LETTER

TO: R	gistration Section vision of Corporations	
SUBJECT	DEERCREEK II, LLC	
	Name of Limited Liability Company	
The enclose	d Articles of Amendment and fee(s) are submitted for filing.	
Please retu	all correspondence concerning this matter to the following:	
	Giulio Pavone	
	Name of Person Finn/Company 1646 SE 3rd Court	
	Address Deerfield Beach, FL 33441	1
	City/State and Zip Code julio.pavonc@century21.com	P. P
For further i	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:	TASSEE,
Giulio Pavo	Name of Person Area Code Daytime Telephone Number	STATE STATE FLORIDA
Enclosed is a	check for the following amount:	
□ \$25.00 F		Status &

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

DEERCREEK II, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 02/03/2015	and assigned
Florida document number L15000020251		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		18 BT
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · ·	S 5 5 6
B. If amending the registered agent and/or regi	istered office address on our record	ds, enter the name of the nev
Name of New Registered Agent:		•
New Registered Office Address:	Enter Florida street addre	2.55
<u></u>		lorida .
	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 = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> GUSTAVO PAVONE	Address 1646 SE 3RD COURT	Type of Action
		DEERFIELD BEACH, FL 3341	= Add
	CLAUDIA WATSON	1/4/ SE IND GOIDIN	Change
MGR		1646 SE 3RD COURT	53 Add
		DEERFIELD BEACH, FL 33441	
			□ Remove
	ALEXANDER WATSON	1646 SE 3RD COURT	Change
MGR			= Add
		DEERFIELD BEACH, FL 33441	Remove
			FIGURE 5
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Effective date, if other than the d	ate of filing:		(antiana)	%
Effective date, if other than the of if an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Deciment.	oe specific and cannot be	e prior to date of filing o	r more than 90 days after filin	g.) P (2007) to 603.020
document's effective date on the Dep	artment of State's rea	cords.	ing requirements, this dat	e wighted a
he record specifies a delayed The 90th day after the reco	effective date, burd is filed.	it not an effectiv	e time, at 12:01 a.m	
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Dated OCTOBER 8	2018	·		
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Page 3 of 3

Filing Fee: \$25.00