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SECRETARY OF STATE STATE OF ST

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CHID HE CEE	nd Realty II, LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alexander Gurevich		
		Name of Person	
		Firm/Company	
	7946 Fisher Island Dr		
		Address	
	Miami Beach, FL 33109		
	ag@cfcfinance.com	City/State and Zip Code	
	E-mail address:	to be used for future annual report no	titication)
For further information c	oncerning this matter, please o	all:	
Alexander Gurevich		347 400-6666 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & E Island Realty II, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on June 30, 20	15 and assigned
Florida document number L15000110685	<u></u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
A & E Island Realty II, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	(RESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records.	enter the name of the new registe
gent and/or the new registered office address here:		inter the name of the new region
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 = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ______ ___ ___ ___ Remove _____ □Change ___ 🗆 🗀 Add _____ □Change ______ ___ ___ ___ ___ ___ ___ Remove _____Remove

	
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n effective date is listed	er than the date of filing:
<u>ite:</u> If the date insert	ed in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cument's effective as	ate on the Department of State's records.
ecord specifies a dela is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	$\Lambda \Omega$.
ted	/// / 2022
	A1 00M
	Signature of member or authorized representative of a member
\1	
Alexander C	nurevien

Filing Fee: \$25.00