

L15000128708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

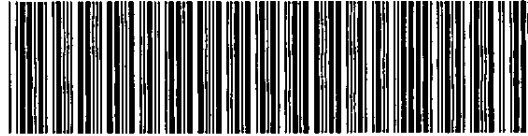
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800276291638

L15-128708
Amend

08/24/15--01041--014 **113.75

CUS

FILED
15 SEP 17 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 18 2015

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S&R PARTNERS GROUP 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:

Carlo F. Rodriguez

Name of Person

S&R PARTNERS GROUP II, LLC

Firm/Company

7539 NW 52 Street

Address

Miami, FL 33166

City/State and Zip Code

carlo@windready.com

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

For further information concerning this matter, please call:

Carlo F. Rodriguez

Name of Person

at (**305**) **776-0859**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

(Has been Pre-Paid)

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2015

CARLO F. RODRIGUEZ
S&R PARTNERS GROUP II, LLC
7539 NW 52 STREET
MIAMI, FL 33166

SUBJECT: S&R PARTNERS GROUP II, LLC
Ref. Number: L15000128708

We have received your document for S&R PARTNERS GROUP II, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

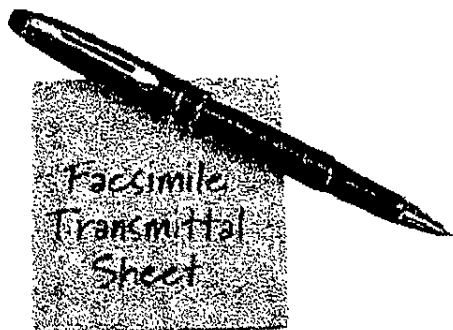
To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 815A00018701



Date: 2015-09-17 20:52:18 GMT

Phone:

Re: ATN: Nanette Causseaux

Fax: 3053972156

Comments:

ATN: Nanette Causseaux
REF # L15000128708
SUBJECT: S&R PARTNERS GROUP II, LLC

Hello, Nanette,

Thank you for taking my call earlier. Attached you will find the corrected amendment for our LLC. It is our intention to change the the status of Daniel Sandoval from that of Manager to Authorized Member. If you have any questions please feel free to contact me. Anything you could do to help us expedite this would be greatly appreciated.

Our Very Best Regards,

Carlo F. Rodriguez
S&R Partner Group II, LLC
305-776-0859 MOBILE
305-694-4242 Office

RECEIVED
15 SEP 17 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

S&R PARTNERS GROUP II, 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 Company were filed on 7/28/2015 and assigned Florida document number L15000128708.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15 SEP 17 PM 1:17
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Type of Action</u>
AMBR	Daniel Sandoval	7539 NW 52 Street	<input type="checkbox"/> Add
		Miami, FL 33166	<input type="checkbox"/> Remove
		(Please change from MGR to AMBR)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 SEP 17 PM 1:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

“ ”

FILED
15 SEP 17 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9/17/2015

Signature of a member or authorized representative of a member

Carlo F. Rodriguez

Typed or printed name of signee