

L16000035779

(Requestor's Name)
(Address)
······
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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10/04/21--01036--015 **25.00



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	AMENDMENT	
	ГО	
ARTICLES OF	ORGANIZATION	
(OF · · ·	
FRACTAL II. LLC	•	· • •
(Name of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, onter the n	amo of the new register
agent and/or the new registered office address here:	address on our records, enter the h	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florida	د
	, Florida	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	HIRMAS YUNIS, ANDRES ALBERTO	16699 COLLINS AVE. UNIT 2207	■Add
		SUNNY ISLES BEACH, FL 33160	
			🗆 Remove
			□ Change
MGRM	HIRMAS YUNIS, RUBY MARIA	16699 COLLINS AVE. UNIT 2207	
		SUNNY ISLES BEACH, FL 33160	🖬 Add
			🗆 Remove
			Change
MGRM	HIRMAS YUNIS, CARLOS FUAD	16699 COLLINS AVE, UNIT 2207	
		SUNNY ISLES BEACH, FL 33160	
		·	🗆 Remove
MGMR	BUTTERFLY FAMILY MANAGEMENT LIMITED	WINTERBOTHAM PLACE	
		MARLBOROUGH & QUEEN	
		STREETS, NASSAU BS	Remove
			□Change
MBRM	YUNIS, RUBY	16699 COLLINS AVE. UNIT 2207	□Add
		SUNNY ISLES BEACH, FL 33160	
			🖾 Remove
			🖬 Change
	·		🗆 Add
			🗆 Remove
			Change

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

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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.

09/20	2021
Dated	·
Ruly Lynnin	5
	Signature of a member or authorized representative of a member
RUBY YUNIS	
	Typed or printed name of signee