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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	WAIT MAIL ess Entity Name)
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COVER LETTER

	egistration Se ivision of Cor			,			
• SUBJECT		ISH GARDENS II LLC					
Name of Limited Liability Company							
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	or filing. Illowing: Time of Person Tim/Company UITE 400 Address ate and Zip Code for future annual report notification)			
Please retur	rn all correspon	ndence concerning this matter	to the following:				
		JAMES CAUDILL					
			Name of Person	·· <u>····</u>			
		WWMRG					
			Firm/Company				
	9045 STRADA STELL COURT, SUITE 400						
			Address				
		NAPLES , FLORIDA 341	09				
			City/State and Zip Code				
		martin.sibal@seznam.cz					
		E-mail address: (to be used for future annual report notifi	cation)			
For further	information co	oncerning this matter, please ca	all:				
JAMES CA			at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e 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)			

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

4MS SPANISH GARDENS 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 4/20/2016 and assigned 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 "LLC." 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) 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

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.

City

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>	Address	Type of Action
MGR	Charles T. Matuszewski	4403 SW 11th Avenue	= Add
		Cape Coral, Florida 33914	Remove
			□ Change
			□ Add
			Remove
		• 1. J. 2. J.).	Change
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The 90th Septe Dated ———	mber 29th Martin Sibal, Man		of a member or au	horized represent		A LAHASSE	· /	— — —

Filing Fee: \$25.00