L16000188321

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
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| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| то: | Registration Section Division of Corporations |
|----------|--|
| SUBJE | RANCHERITOS II, LLC CT: |
| | Name of Limited Liability Company |
| | |
| The enc | closed Articles of Amendment and fee(s) are submitted for filing. |
| Please r | return all correspondence concerning this matter to the following: |
| | RODRIGO POSADA . |

| | GRÙSHOFF & POSADA | | | | | |
|----------------------------|---|---|--|--|--|--|
| | <u> </u> | Firm/Company | | | | |
| | 6991 W BROWARD BLV | D STE 105 | | | | |
| | | Address | | | | |
| | PLANTATION, FL 33317 | | | | | |
| | | City/State and Zip Code | | | | |
| | EZFILEINC@GMAIL.COM | to be used for future annual report noti | fication) | | | |
| For further information of | concerning this matter, please co | | | | | |
| RODRIGO POSADA | | 954 316-2590 at (| | | | |
| Name c | of Person | Area Code Daytim | e Telephone Number | | | |
| Enclosed is a check for t | he following amount: | N 27 | | | | |
| ■ \$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) | | | |

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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

| RANCHERITOS II, LLC | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liat</u> (A Flor | oility Company as it now appears on our records.) ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on OCTOBER 11, 2016 | and assigned |
| lorida document number L16000188321 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the li | mited liability company here: | |
| he new name must be distinguishable and contain the words "I | imited Liability Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| <u>Principal office address MUST BE A STREET AD</u> | DRESS) | |
| | | |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | - |
| • | | |
| 3. If amending the registered agent and/or re- | | enter theoname of the |
| egistered agent and/or the new registered office a | ddress here: | |
| | | History Carried States |
| Name of New Registered Agent: | | - Ti |
| New Registered Office Address: | | |
| • | Enter Florida street address | |
| | Flori | ida H |
| | 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 |
|--------------|-------------------------|---|----------------|
| MGRM | MARTINEZ PATINO, JOSE E | 4251 N FEDERAL HWY, STE 6 | E vai |
| | | BOCA RATON, FL 33431 | Add |
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| | CEU | OCTOBER | | | 3 | · 7. | |
| tive date, if other than the freetive date is listed, the date mu | e date of itting: ist be specific and c | annot be prior | to date of filing | 2 or more than 9 | (opti<u>on</u>ai 0 days after filinj |) L.) Pursua | ant to 605.0 |
| If the date inserted in this b | lock does not me | et the applic | able statutory | filing require | ments, this date | e will no | ot be listed |
| ment's effective date on the E | Department of Sta | ite's records. | | | | | |
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| ecord specifies a delaye | d effective da | ite, but no | t an effect | ive time, at | 12:01 a.m. | on th | e earlie |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00