L16000218671

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 JUL 29 PH 2: 13

A. SUTLER OCT 2 4 2022

COVER LETTER

	Registration So Division of Cor			
embre.		CAL II LLC	*	
SUBJEC	,I: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		ondence concerning this matter		
		Oliver Huttner		
			Name of Person	
		Management Tax Consulti	ng Inc	
			Firm/Company	
		4430 Orchid Blvd Ste 202		
		 	Address	
		Cape Coral, FL 33904		
		mtc.florida@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report noti	ification)
For furth	ier information c	concerning this matter, please ca	all:	
Oliver H	luttner		239 645-4208	
	Name (of Person	at ()Area Code Daytim	ne Telephone Number
Enclosed	l is a check for t	he following amount:		
	.00 Filing Fee	S30.00 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	Street Address: Registration Se	
	Division of C P.O. Box 632		Division of Co The Centre of	

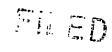
Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)- . .



SEABATICAL II LLC

2022 JUL 29 PM 2: 13

	Liability Company)	THE STATE
The Articles of Organization for this Limited Liability Company Florida document number L16000218671	were filed on 12/02/2016	and assigned
-		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2020 Ponce de Leon Blvd	. Ste 905B
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33134	
		.
Enter new mailing address, if applicable:	2020 Ponce de Leon Blvd	. Ste 90513
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33134	
B. If amending the registered agent and/or registered office	address on our records, <u>e</u>	nter the name of the new registe
agent and/or the new registered office address nere:		
Name of New Registered Agent:		
	Estor Florido strant /	uldruss
	Enter Florida street o	address . Florida

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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
 		<u></u>	□Add
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		07/25/2022		
n effectiv <u>te:</u> If th	date, if other than the date of the date is listed, the date must be specified date inserted in this block does to seffective date on the Department	ic and cannot be prior to da not meet the applicable	ate of filing or more than 90 statutory filing requirem	(optional) days after filing.) Pursuant to 605.02 ents, this date will not be listed
ecord sp s filed.	ecities a delayed effective date, bu	t not an effective time.	at 12:01 a.m. on the earl	er of: (b) The 90th day after th
ted	July 257	<u>4. 2022.</u>		
	· · · · · · · · · · · · · · · · · · ·			

Filing Fee: \$25.00

Typed or printed name of signee