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(Re	equestor's Name)	
 (Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	me)
(Dc	ocument Number)	
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COVER LETTER

FO: Registration S Division of Co			
CARMINI SUBJECT:	E PROPERTIES II, LLC		
, , , , , , , , , , , , , , , , , , ,	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	AMANDA D. CARVALH	0	
	-	Name of Person	
	3453 NW 44th Street, Unit	Firm/Company	
	3433 NW 44th Street, Ohl		
	Oakland Park, Florida 333	Address 09	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
AMANDA D. CARVA		954 440-2860 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)
МАН	LING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



September 3, 2019

AMANDA D. CARVALHO 3453 NW 44TH ST UNIT 208 OAKLAND PARK, FL 33309

SUBJECT: CARMINIE PROPERTIES II LLC

Ref. Number: L18000139500

We have received your document for CARMINIE PROPERTIES II LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

The check submitted must be made payable to the Florida Department of State.

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) 245-6050.

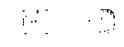
Letter Number: 619A00018121

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

Division of Comparations D.O. DOV (2007, Well-berry, Electropes)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 SEP 30 EM 2: 55

CARMINIE PROPERTIES II, LLC

company has been notified in writing of this change.

(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 I	_iability Company	were filed on <u>06/25/2018</u>	and assigned
Florida document number L18000139500			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
			<u> </u>
		S.U.	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and	Nor registered o	ffice address on our records.	enter the name of the new
registered agent and/or the new registered of	~	•	
	NU 6		
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		Flori	ida Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete istered agent as p	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is

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	AMANDA D. CARVALHO, Trustee	3453 NW 44th Street, Unit 208 Oakland Park, Florida 33309	∃ Add
			☐ Remove
			Change
MGR	PEDRO S. CARVALHO, Trustee	3453 NW 44th Street, Unit 208 Oakland Park, Florida 33309	■ Add
			Remove
		.	☐ Change
MGR	AMANDA D. CARVALHO	3453 NW 44th Street, Unit 208 Oakland Park, Florida 33309	
		■ Remove	
			□ Change
MGR	PEDRO S. CARVALHO	3453 NW 44th Street, Unit 208 Oakland Park, Florida 33309	
			Remove
			Change
			□ Add
			. Remove
			☐ Change
	 		□ Add
			□ Remove
			Change

(If an ef Note:	tive date, if other than the date of filing: S 16 3019 (optional)
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	× Jounele a ville Signature of a member or authorized representative of a member
	X Amanda Carvalho Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00