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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

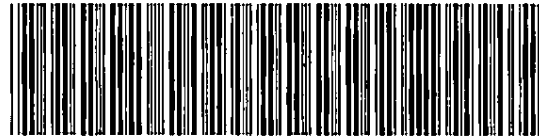
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28/17 AUG 28 PM 2:57
TALLAHASSEE FL 32304

AUG 29 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MYSTIQUE II 12601 MASTIQUE BEACH BOULEVARD UNIT 1704 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNA ELS

Name of Person

AKERMAN LLP

Firm/Company

9128 STRADA PLACE, SUITE 10205

Address

NAPLES, FLORIDA 34108

City/State and Zip Code

ANNA.ELS@AKERMAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNA ELS

at (239)

449-5646

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)

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**

MYSTIQUE II 12601 MASTIQUE BEACH BOULEVARD UNIT 1704 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 MAY 1, 2017 and assigned
Florida document number L17000095999.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mastique II 12601 Mastique Beach Boulevard Unit 1704 LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13320 Ponderosa Way
Ft. Myers, FL 33907

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:

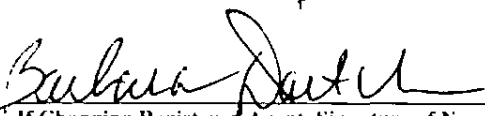
Name of New Registered Agent: Barbara Daitch

New Registered Office Address: 13320 Ponderosa Way
Enter Florida street address

Ft. Myers, Florida 33907
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.


Barbara Daitch
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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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2017 AUG 26 PM 3:57
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-26-2017 BY 60322 UCBAW

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 23 2017

Barbara Hatch

Signature of a member or authorized representative of a member

BARBARA DAITCH

Typed or printed name of signee

2007 AUG 28 PM 2:57
ST. JOHN'S ISLAND
JAL MASSACHUSETTS

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