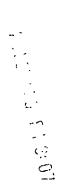


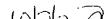
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

TO: Registration Se Division of Cor				
2200 Linco	In II , LLC			
SUBJECT:	Name of Lim	ited Liability Company		
201 I LA C. L. C.		could be		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Octavio Robles, Esq.			
		Name of Person		
	Octavio Robles, AIA, Esq			
		Firm/Company		
	3109 Grand Ave. 3342			
	Address			
	Miami, FL 33133			
		City/State and Zip Code		
	OctavioRoblesLaw@Gmail			
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	aii:		
Octavio Robles, Esq.		786 786-515-42 at ()	15 1	
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	he 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		Street Address:	action	
Registration : Division of C		_	Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monr	oc Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2200 Lincoln II, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 10/04/2017	and assigned
Florida document number 1.17000205069		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
no		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered offi	ice address on our records, enter the na	ime of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		5.3
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	<u></u>
	City	Zip Code ئ
New Registered Agent's Signature, if changing Registered Age	ent:	: 0

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
MGR	Juliana Robles	e/o Octavio Robles, Esq.	■Add
		3109 Grand Ave. #342	□Remove
		Miami, FL 33133	□Change
MGR Ratph Mederos	Ratph Mederos	e/o Octavio Robles, Esq.	
		3109 Grand Ave. #342	≣ Remove
		Miami, FL 33133	
			□∧dd
			□ Remove
			Change
			☐ Add
			□Remove
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			Remove

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iote:	ve date, if other than the date of filing:
recor d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	September 2 2021
	Signature of a member or authorized representative of a member

E111 E 03# 00