

L19000030083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

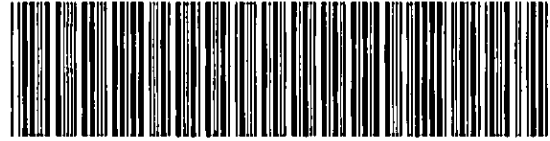
(Business Entity Name)

(Document Number)

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1/27/21
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caprigara II 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:

Michael M. Schneck

Name of Person

Firm/Company

15 Maide Lane Suite 803

Address

New York, NY 10038

City/State and Zip Code

caprigara5@gmail.com

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

For further information concerning this matter, please call:

Michael M. Schneck

914 589-9026
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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAPRIGARA II 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 FEBRUARY 5, 2019 and assigned Florida document number L19000030083.

This amendment is submitted to amend the following:

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

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:

789 CRANDON BLVD. APT. #1404

(Principal office address MUST BE A STREET ADDRESS)

KEY BISCAVNE, FL 33149

Enter new mailing address, if applicable:

789 CRANDON BLVD. APT. #1404

(Mailing address MAY BE A POST OFFICE BOX)

KEY BISCAVNE, FL 33149

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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:

ROBERTO R. SCHOTT

New Registered Office Address:

789 CRANDON BLVD. APT. #1404

Enter Florida street address

KEY BISCAVNE


City

Florida 33149

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>	<u>Type of Action</u>
AMBR	ROBERTO SCHOTT	747 CRANDON BLVD. APT. # 410	<input type="checkbox"/> Add
		KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAPRIGARA PS IRREV. TRUST	789 CRANDON BLVD. APT. #1404	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ROBERTO SCHOTT IS THE TRUSTEE OF THE TRUST ABOVE.

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated DECEMBER 16, 2020

Signature of a member or authorized representative of a member

ROBERTO SCHOTT

Typed or printed name of signee