N90000 32553

(R	requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(B	Business Entity Nan	ne)
(C	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

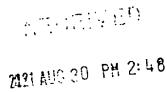
Office Use Only



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FLORIDA DEPARTMENT OF STATE . Division of Corporations

August 13, 2021

JOSE A MARTINEZ 1001 NEW YORK AVE. SAINT CLOUD, FL 34769

SUBJECT: VELERO PROPERTIES II LLC

Ref. Number: L19000032553

We have received your document for VELERO PROPERTIES II LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 021A00019374

www.sunbiz.org

Langer William Ph. 11 o

COVER LETTER

TO: Registration So Division of Cor			
CLUBICOD	PROPERTIES II LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE A MARTINEZ		
		Name of Person	
		Firm/Company	
	1001 NEW YORK AVE		
		Address	
	SAINT CLOUD, FL 3476	9	
	JAM@ELITEMCO.COM	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report nall:	otification)
JOSE A MARTINEZ		321 895-0500 at ()	
Name o	of Person	Area Code Dayt	ime 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 Registration S		Street Address: Registration S	Section
Division of C	Corporations	Division of C	orporations
P.O. Box 632 Tallahassee, 1	· ·	The Centre of	
i ananassee, i	FL 34314	2413 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VICE	.ERO	DD	ODE	DTI	EC	11	T 1	<i>c</i> .
VCL	CKU	I.K	UE	KII	12.5	11	11.	٠١.

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

The Articles of Organization for this Limited	Liability Company	were filed on 01/31/2019	and assigned	
Florida document number L19000032553				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	1001 NEW YORK AVE		
(Principal office address MUST BE A STRE		SAINT CLOUD, FL 34769		
-				
Enter new mailing address, if applicable:		1001 NEW YORK AVE		
(Mailing address MAY BE A POST OFFICE	E BOX)	SAINT CLOUD, FL 34769		
B. If amending the registered agent and/or		address on our records, <u>ente</u>	r the name of the new registe	
agent and/or the new registered office addr	ess nere:		12	
	JOSE A MAR'	PINICZ		
Name of New Registered Agent:	JOSE A WAR	TINEZ	<u> </u>	
New Registered Office Address:	1001 NEW YORK AVE		· .	
		Enter Florida street addr	ess	
	SAINT CLOU	D . F	ess Clorida 34769 55	

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>	Name	Address	Type of Action
MGR JOSE A MARTINEZ	3574 KAISER AVE	□Add	
		SAINT CLOUD FL 34772	■ Remove
			□Change
MGR	SUSANA A MARTINEZ	3574 KAISER AVE	□Add
		SAINT CLOUD FL 34772	≡Remove
			
MGR JOSE A MARTINEZ	1001 NEW YORK AVE	■Add	
		SAINT CLOUD FL 34769	□Remove
		☐ Change	
MGR SUSANA MARTINEZ	1001 NEW YORK AVE		
		SAINT CLOUD FL 34769	□Remove
			Change
		□Remove	
			□Change
			□Remove
			□ Change

					
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bloodocument's effective date on the Do	ock does not meet the a	ipplicable statutory	g or more than 90 days a g filing requirements,	ptional) fler filing.) Pursuant to 605 this date will not be liste	5.0207 (I ed as th
he record specifies a delayed effectivord is filed.	e date, but not an effect	tive time, at 12:01	a.m. on the earlier of	: (b) The 90th day after	r the
Dated	2021	·			
·	bull				
	Signature of a member or	r authorized represer	itative of a member		