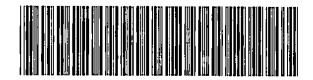
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		II INVESTMENT LLC		
SUBSIDET.		Name of Lim	ited Liability Company	
-			. 10 00	
the enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Gil Cohen		
			Name of Person	· · ·
		MEDFORD II INVESTME	ENT LLC	
			Firm/Company	
		21188 W. DIXIE HIGHWA MIAMI, FL 33180	ΑΥ	
			Address	
		MIAMI, FL 33180		
			City/State and Zip Code	
		gcohen@shagina.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	ill:	
Gil Cohen			305 932-2727 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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

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

AUDITECTOR	11	1313	11.C	$\Gamma \lambda A I$	CAIT			\sim
MEDFORD	11	1.7 V	1.5	LIVIT	LIVI	L	Ļ	U

FILED

	(A Florida Litanied Liability Company)	2019 HAY 20 P 1: 03
	Liability Company were filed on 04/09/2019	and assigned
Florida document number L19000098601	 ·	DÜLAHÁSSÉÉ, FLUMUA
This amendment is submitted to amend the f	following:	
A. If amending name, enter the new name	e of the limited liability company here:	
The new name must be distinguishable and contain th	ne words "Limited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	olicable:	
(Principal office address MUST BE A STR.	EET ADDRESS)	
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFIC		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent are registered agent and/or the new registered	nd/or registered office address on our reco	ords, enter the name of the r
registered agent and/or the new registered	Torrice address here.	
Name of New Registered Agent:		
New Registered Office Address:		
new registered office reduces.	Enter Florida street ada	dress
	,	Florida
	Ciņ	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 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>	Type of Action
MGRM	MARIANOWSKY, YAIR	21188 W. DIXIE HIGHWAY MIAMI, FL 33180	
			Change
MGRM	COHEN, GIL	21188 W. DIXIE HIGHWAY MIAMI, FL 33180	Add
			Remove
			Change
MGRM	BENSIMON, RUDY	21188 W. DIXIE HIGHWAY MIAMI, FL 33180	
			■ Remove
			Change
MGR	MBC MGMT LLC	21188 W. DIXIE HIGHWAY MIAMI, FL 33180	■ Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change

	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		
		
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	at be specific and cannot be prior to date of filir ock does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 ry filing requirements, this date will not be listed as
ne record specifies a delayed The 90th day after the rec		tive time, at 12:01 a.m. on the earlier of
Dated MAY 13	2019	
Dateu	·	
	of o	
	Signature of a member or authorized represe	ntative of a member

Page 3 of 3

Filing Fee: \$25.00