

(Re	equestor's Name)	<u> </u>
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(Ci	ty/State/Zip/Phone	: #)
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## **COVER LETTER**

TO:

	Registration Se Division of Cor					
SUBJEC <sup>*</sup>		TAL PARTNERS II, LLC				Co. The second
SUBJEC		Name of Lim	ited Liability Company			3
The enclo.	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			Colon State of the
Please reti	urn all correspo	ndence concerning this matter	to the following:			'(م
		ALBERT COMAS, JR.				
			Name of Person			
		ACJ CAPITAL PARTNEI	RS II, LLC			
		-	Firm/Company			
		161 PINE TREE LANE				
			Address			
		TAPPAN, NY 10983				
albert.comas@acjcapitalparti		City/State and Zip Cod tners.com	e			
		E-mail address: (	o be used for future annu-	al report notificat	ion)	
For furthe	r information c	oncerning this matter, please ca	all:			
Stephanie	Gonzalez		305 (	677-6513		
	Name o	f Person	Area Code	Daytime Te	lephone Number	
Enclosed i	is a check for th	e following amount:				
\$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	
		ING ADDRESS: ation Section		ET/COURIER ation Section	ADDRESS:	
Division of Corporations P.O. Box 6327		Divisio	n of Corporatio Building	ens		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

Т	O	
ARTICLES OF C	DRGANIZATION	
O	F	
ACJ CAPITAL PARTNERS II, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.)	and assigned
		رخ رخ
The Articles of Organization for this Limited Liability Company	were filed on 11/26/2019	and assigned
Florida document number L19000292049		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	<del></del>	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
	530 SW 11 AVENUE	
Enter new principal offices address, if applicable:	MIAMI, FL 33130	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33130	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered of	ffice address on our records, ent	ter the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	Дір 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>	Address	Type of Action
MGR	COMAS, ALBERT, JR.		Add
			Remove
		161 PINE TREE LANE TAPPAN, NY 10983	Change
			Remove
			Change
			Remove
			□ Change
			Add
			Remove
			Change
			Add
		Remove	
			Change
			□ Remove
			Change

Effective date, if other than the date of filing:  [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 605.92 Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records.  The 90th day after the record is filled.  Dated  ONUGY  Signature of a member or authorized representative of a member  Albert Congress	_	
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Signature of a member or authorized representative of a member	1110	
Signature of a member or authorized representative of a member	Dated	Januar 22, 2020
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Albert Comes		<b>A</b> 1 <b>V</b>
		Albert Conc S Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00