L20000071343

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SECRETARY OF STATE TALLAHASSEE, FL

2024 OCT -1 AM 8: 30

COVER LETTER

	egistration Se ivision of Cor		·	
	LSI TRUST	Γ II, LLC		
SUBJECT	:			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase retu	rn all correspo	indence concerning this matter	to the following:	
		MADELIN DIAZ		
			Name of Person	
		THE LAW OFFICE OF M	ADELIN DIAZ PA	
			Firm/Company	
		12555 ORANGE DRIVE,	SUITE 219	
			Address	2024 SEC T/
		DAVIE, FLORIDA 33330		RET ALLA
			City/State and Zip Code	一 出
		MADELIN@MADELINDI	AZPA.COM to be used for future annual report notification)	_ SSE
For further	information c	oncerning this matter, please c		2024 OCT -1 AM 8: 30 SECRETARY OF STATE TAILAHASSEE, FL
MADELIN	√ DIAZ		305 670-2700 at ()	m
	Name o	f Person	Area Code Daytime Telephone Nu	mber
Enclosed is	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
R	lailing Addres	Section	Street Address: Registration Section	
	ivision of C .O. Box 632	Corporations 27	Division of Corporations The Centre of Tallahassee	
-			G C.	. 010

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LSI TRUST II. LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L20000071343 .	were filed on 03/04/2020	and assigned	
This amendment is submitted to amend the following:			
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 "LLC" or the abl	oreviation "L.L.C."	
Enter new principal offices address, if applicable:	12555 ORANGE DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 219		
	DAVIE, FLORIDA 33330		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	SSE OF TATE	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	City	Zio 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 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
			□ Add
			Remove
			□Change
			□Add
			□Remove
			2024 OCT SEGRET/ TALLAH
			RETAREMAN AND CHARGE
			ETAREMAN OF Charge: 30 LAHASSEE, FL
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SECRETARY OF STATE TALLAHASSEE, FL					 ,	
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