L21000200277

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
·	-	



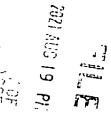


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AUG 80 2021 LALBRITTON



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LQ INVESTMENTS P	ORTFOLIO	II, LLC		
	<u></u>			
				Art of Inc. File
	<u> </u>			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
		ļ	<i>✓</i>	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			1	Photo Copy
				Certificate of Good Standing
		1	✓_	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Cianatura				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: BA	00/10/21			UCC 1 or 3 File
	08/19/21	Time		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of	r Section Corporations		
	estments Portfolio II, LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
	spondence concerning this matter		
	Brent A. Friedman		
		Name of Person	
	Brent A. Friedman, PA		
		Firm/Company	·
	78 SW 7th Street, 8th Floo	or .	
	-	Address	
	Miami, Fłorida		
		City/State and Zip Code	
	brent@brentafriedman.com		
For further information	n concerning this matter, please o	to be used for future annual report all:	notification)
Brent A. Friedman		305 562-6800	
Name	e of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Fifing 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 Addr		Street Address	:
Registration		Registration	Section
P.O. Box 63	Corporations	Division of C	•
DOA U.	· (The Centre o	f Tallahassoo

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 PMP. 12

LQ Investments Portfolio II. LLC

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

	y were filed on April 29, 2021	and assigned
The Articles of Organization for this Limited Liability Company were filed on April 29, 2021 and assigned Florida document number L21000200277 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 "LLC." Enter new principal offices address, if applicable: 15495 Eagle Nest Lane (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 15495 Eagle Nest Lane (Mailing address MAY BE A POST OFFICE BOX) Miami Lakes, Florida 33014 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Lip Code Lip Code Enter Florida - Lip Code		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15495 Eagle Nest Lane	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
	Miami Lakes, Florida 33014	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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 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

Title	Name	Address	Type of Action
			□Add
			Remove
			☐Change
		11	□Add
			iDRemove
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····			□Add
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ffectiv	e date, if other to	than the date o	of filing:	ha milar ta di	un of tiling or n	are than 90 day	(optional)) Pursuant to 6	505 0201
Note: 11	f the date inserted	in this block do	es not meet th	e applicable	statutory filin	g requiremen	ts, this date	will not be I	isted as
locume	nt's effective date	on the Departm	ent of State's	records.					
record d is file	specifies a delayed.	d effective date,	but not an eff	ective time,	at 12:01 a.m.	on the carlier	of: (b) T	he 90th đay a	iter the
	A 11 A C		יי						
Dated _	August 16		21	<u> </u>					
	14.1	Signat			<u> </u>				
	/	Signat	ure of a membe	r or authorize	a representative	of a member			

Filing Fee: \$25.00