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2021 SEP 29 AH 1: 04 SECRETARY OF STATE

## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor				
61 (F) TEV	CO CO	oital Group Fund II LLC			
SUBJE	UT:	Name of Limi	ted Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Adam Heller			
			Name of Person  Broup  Firm/Company  kway, Suite 360  Address  City/State and Zip Code s.com s: (to be used for future annual report notification) e call:  1 917		
		c/o RAS Management Gro	пр		
			Firm/Company		
		6001 Broken Sound Parkw	ay, Suite 360		
			Address		
		Boca Raton, FL 33487			
			·		
		aheller@rasrealtypartners.co			
For furth	ner information co	E-mail address: (to oncerning this matter, please ea			
Adam H		•	917 439-8300		
	Name of	f Person	Area Code Daytime Telephone N	Number	
Enclosed	d is a check for th	ne following amount:			
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	ertificate of Status &	
	Mailing Addres Registration S		· ·		
Division of Corporations			Division of Corporations		
	P.O. Box 632 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, S.		

Tallahassee, FL 32303

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

FILED 2021 SEP 29 AM 1: 04

AHeller Capital Group Fund II LLC

SECRETARY DE STATE

(Name of the Limited Liability Company as it now appears on our records.) LL ANDROGET II The Articles of Organization for this Limited Liability Company were filed on 08/19/2021 and assigned Florida document number L21000373107 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

\_, Florida \_\_

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	Adam Heller	6001 Broken Sound Parkway, Suite 360	<b>=</b> Add
		Boca Raton, FL 33487	□Remove
MGR		Heller Partners LLC	□Add
			■Remove
			□Change
			🗆 Add
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Filing Fee: \$25.00