10/4/21, 1.33 PM

# Dry sign of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000370624 3)))



H210003706243ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Frem:

Account Name : KATZ BASKIES & WOLF PLLC

Account Number : I20080000071 Phone : (561)910-5709 Fax Number : (561)910-5701

\*\*Enter the email address for this business entity to be used for future annual/report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERRANDO ENTERPRISES II LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT - 5 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

2021-10-04 17:46:21 GMT

15615846859

From: Katz Baskies & Wolf PLLC

H21000370624 3

#### COVER LETTER

		•	COVER EETIER	
	egistration Sec ivision of Corp		-Au	4
	Ferrando En	terprises II LLC		
SUBJECT	ſ:	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	irn all correspon	dence concerning this matter	to the following:	
		Jeffrey A. Baskies		
			Name of Person	<del>, - 100 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (</del>
		Katz Baskies & Wolf PLL	С	
			Firm/Company	
		3020 North Military Trail	Suite 100	
			Address	
		Boca Raton, FL 33431		
			City/State and Zip Code	<del></del>
		jeff.baskies@katzbaskies.co	om to be used for future annual report noti	fication)
For furthe:	r information co	ncerning this matter, please c		neasion)
Jeffrey A.	Baskies		561 910-5700 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for the	e following amount:		
\$25.00	0 Filing Fec	S30.00 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 enclose
<u>N</u>	lailing Address	i <sub>.</sub>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000370624 3

Ferrando Enterprises II LLC		E SECRATI
	iability Company as it now appears on our records.) lorida Limited Liability Company)	
		TARY CASSEE
The Articles of Organization for this Limited Liabil	ity Company were filed on	and assigned 🔾
Florida document number L21000420695	•	L 21 12 12 12 12 12 12 12 12 12 12 12 12
This amendment is submitted to amend the following	ng:	: 31 NTE RIDA
A. If amending name, enter the new name of the	limited liability company here:	
ţ ,		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	2.	<del>-</del>
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
,		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or regis		name of the new registered
agent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
Hew Mogration Office Address.	Enter Florida street address	
	, Florida	•
<del>-</del>	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:

15615846859

MGR = Manager AMBR = Authorized Member H21000370624 3

Title	<u>Name</u>	Address	Type of Action
MGR	Jonathan Ferrando	71 Compass Isle	≅Add
		Ft. Lauderdale, FL 33308	□Remove
			Change
MGR	Kathryn L Ferrando	71 Compass Isle	bbAd
		Ft. Lauderdale, FL 33308	≅Remove
		-	□ Change
			Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			□ Change
			□Remove
			☐ Change
			DAdd
			□Remove
			[]("bance

H21000370624 3

D. If ame	nding any other information, enter chang	e(s) here: (Attach additional sheets, if nece	essary.)		
-					
_					
_					
_			<del></del>		
_					
_					
_					
_					
_					
-					
_					
_					
1000.	e date, if other than the date of filing:  tive date is listed, the date must be specific and came  the date inserted in this block does not meet the  tr's effective date on the Department of State's	ic applicable statutory filling requirements, this i	nal) ling.) Purmant to 605.0 date will not be listed	)207 (3)(b d as the	<b>›</b> )
If the record record is file	specifies a delayed effective date, but not an eff.	ective time, at 12:01 a.m. on the earlier of: (b)		the	
	ctober 4 202	ı	SECRI TALLAI	2021 0	
	11111	2	E [AR] HASSE	2021 OCT -4	FILE
		or authorized representative of a member	- FOF S		O.
	Jeffrey A. Baskies, Authorized Representativ Typed	or printed name of signee	FLORID	PH 12: 3	