Florida Department of State Division 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.

(((H22000228275 3)))



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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMARC PROPERTIES II LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25,00

Electronic Filing Menu Corporate Filing Menu

Help

JUL - 6 2022

K. Brumbley

171

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF,

AMARC PROPERTIES II LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orda Limited Liability Company)	
Florida document number 1.22000203129		and assigned
This amendment is submitted to amend the following	Ř:	
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 abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name</u> ere:	of the new registered
		20
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	. Florida	7.0
	City	Zip Conte
New Registered Agent's Signature, if changing Regis	stered Agent:	8 / 11 /
provisions of all statutes relative to the proper as accept the obligations of my position as registers	gent and agree to act in this capacity. I further agread complete performance of my duties, and I am for a gent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the linunge.	if this document is

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>	Name	Address	Type of Action
MGR	Andrew Shook	1109 Cordova Road	■ Add
		Fort Lauderdale, FL 33316	□Remove
			□Change
MGR	Amy Shook	1109 Cordova Road	
		Fort Lauderdale, FL 33316	
			[]Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			□ Remove
			LiChange
			DAdd
			Remove
			□Change

				
				······································
				
				
				
	<u></u>			
Iffective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	must be specific and cannot be prior block does not meet the appli	r to date of filing or more cable statutory filing r	(optional) than 90 days after filing.) Pur- equirements, this date will	suant to 605,020 not be listed a
record specifies a delayed effect d is filed.	tive date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90	h day after the
Dated	2022			
Alteo	·	pel		
		/		
				
	Signature of a member or aut	horized representative of	a member	