renic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE

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:_

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Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCNA PROPERTIES IV, LLC				
Name of the Li	olted Liability Comr (A Florida Limited	pany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited				
Florida document number L08000092560	and assigned			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	· ·	bility company here;		
The new name must be distinguishable and contain the	words "Limited Light	ility Company " the designation "I I C" and		
Enter new principal offices address, if appl			bbreviation "LL.C."	
Principal office address MUST BE A STREET ADDRESS		c/o Amerant Bank Legal Department 220 Alhambra Circle		
		Coral Gables, FL 33134		
nter new mailing address, if applicable:		c/o Amerant Bank Legal Department	• •	
Mailing address MAY BE A POST OFFICE BOX)		220 Alhambra Circle	2.	
		Coral Gables, PL 33134	21	
 If amending the registered agent and/or gent and/or the new registered office addre 	registered office s <u>as here</u> :	address on our records, enter the nam	e of the new regist	
Name of New Registered Agent:	S. Marshali Martin			
New Registered Office Address:	220 Alhambra (Circle, 12th Floor		
		Enter Florida street address		
	Coral Gables	, Florida ³³	134	
		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.

By: Marja Souza, Attomey-in-Fact

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	Iafigliola, Carlos	220 ALHAMBRA CIRCLE	
		12TH PLOOR	□Add
		CORAL GABLES, FL 33134	☐ Change
MGR	CAPRILES, ALBERTO	220 ALHAMBRA CIRCLE	
		CORAL GABLES, FL 33134	■Remove
MGR	SHARYMAR CALDERON	200 Al XVI DD	[] Change
	SALAKA CADDERON	220 ALHAMBRA CIRCLE	\(\begin{align*} \begin{align*} align
		12TH FLOOR	[] Remove
		CORAL GABLES, FL 33134	Change
MGR S. MARSHALL MA	S. MARSHALL MARTIN	220 ALHAMBRA CIRCLE	= Add
		12TH FLOOR	⊡Remov e
		CORAL GABLES, FL 33134	Change
			□Add
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record :	specifies a delaye	ed effective date	e, but not a	an effective	time, at 11	2:01 a.m. c	n the earlie	r of: (b)	The 90th di	ay after the
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Filing Fee: \$25.00