L09000102760

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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INVESTOR OF CORPORATION

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COVER LETTER

TO: Registration Sec Division of Corp			
	ett Creek LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	H. Jeffrey Cutler		
		Name of Person	
	Delacruz & Cutler, LL	.P.	
		Firm/Company	······································
	4000 Ponce De Leon	Blvd, Suite 790	
		Address	
	Coral Gables, Fl. 331	46	
		City/State and Zip Code	
	JCutler@delacruzcutle		
		be used for future annual report notifica	tion)
For further information cor	cerning this matter, please cal	ll;	
Jeff Cutler		305 446-0100	
Name of F	Person		elephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fec & 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



15 APR -2 PH 12: 06

PLANASSEF HUNDA

MRK Barrett Creek LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/23/2009 ___ and assigned Florida document number L09000102760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MRK 1200 Collins Avenue LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			
			□ Remove
			□ Remove
			□ Add
			□ Remove
			□ Remove
			Add
			□ Remove
			Add
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ne effective date must be specific	n the date of filing: c, cannot be prior to date of receipt or filed date and cannot the Florida Department of State)	(optional) not be more than 90 days after
he effective date must be specific he date this document is filed by March 17th	c, cannot be prior to date of receipt or filed date and cans	(optional) not be more than 90 days after
he effective date must be specific he date this document is filed by March 17th	c, cannot be prior to date of receipt or filed date and can the Florida Department of State)	(optional) not be more than 90 days after
he effective date must be specific he date this document is filed by March 17th	c, cannot be prior to date of receipt or filed date and can the Florida Department of State)	not be more than 90 days after
the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot the Florida Department of State) 2015 Signature of a member or authorized representa	not be more than 90 days after

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Filing Fee: \$25.00

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