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## **COVER LETTER**

CHD IF CT.	MMGJV FU	IND 1 LLC			
Name of Limited Liability Company					
The enclosed	I Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return	all correspor	ndence concerning this matter t	to the following:		
		Robert Marlin			
			Name of Person		
		MMGJV FUND 1 LLC			
			Firm/Company		
		9801 Collins Ave, Suite 5i			
			Address		
		Bal Harbour, FL 33154			
			City/State and Zip Code		
		4bmarlin@gmail.com			
		E-mail address: (t	to be used for future annual report no	tification)	
For further in	nformation co	oncerning this matter, please ca	ill:		
Robert Mar	lin		619 787-4441 at ()		
	Name of	Person	Area Code Daytir	ne Telephone Number	
Enclosed is	a check for th	e following amount:			
□ \$25.00 F	Filing Fee	☐ \$30.00 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 enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

MMGJV FUND 1 LLC		15 111 9: 20
( <u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on our reco ida Limited Liability Company)	rds,)
The Articles of Organization for this Limited Liability Florida document number L11000141066	Company were filed on 12/15/2011	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "i	Amited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ds, enter the name of the i
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addi	ress
	, 1	Florida
	City	F <b>lorida</b> 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 Changing Registered Agent, Signature of New Registered Agent

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	MMG12 LLC	9801 Collins Ave, Suite 5i	<b>⊟</b> Add
<u>_</u>		Bal Harbour, FL 33154	□ Pamaya
			Change
MGR	Robert Marlin	9801 Collins Ave. Suite 5i	Add
		Bal Harbour, FL 33154	Remove
			Change
MGR	Salt Hill Productions. Inc	2655 1 ST, Suite 250 Simi Valley, CA 93065	Add
			Remove
			Change
			Remove
			Change
			Add
		<u> </u>	☐ Remove
			Change
			Remove
			□ Change

D. It amending any	other intormation.	enter change(s) ner	e. (Anden daamon	al sheets, if necessary.)	
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Note: If the date in	nserted in this block d	pecific and cannot be prior oes not meet the applic ment of State's records	cable statutory filing	(optional) re than 90 days after filing.) Pursu requirements, this date will no	ant to 605.0207 (3)(to the listed as the
If the record specif (b) The 90th day			ot an effective tir	me, at 12:01 a.m. on th	ne earlier of:
Dated November 1	18	2019	·		
		9.			
	Signa	ature of a member or auth	orized representative of	f a member	

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Typed or printed name of signee

Filing Fee: \$25.00