# L21000282485

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only

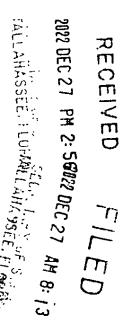


200399282372

12/27/22--01007--027 \*\*375.00

DEC 2 8 2072

D COMNELL



<b>CORPORATE</b>	,
ACCESS	

When you need ACCESS to the world

1	<
L	مس

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

		WALKIN
	PICK U	JP: <u>MISTY 12/27</u>
vv	CERTIFIED COPY	
XX	PHOTOCOPY CUS	
XX	FILING	LLC AMEND
•	MHRV COMMUNITY HO	OMES, LLC NT #)
. <b>.</b> -	(CORPORATE NAME AND DOCUME)	NT #)
<b>}.</b>	(CORPORATE NAME AND DOCUMEN	NT #)
i	(CORPORATE NAME AND DOCUMEN	NT #)
	(CORPORATE NAME AND DOCUMEN	NT #)
· _	(CORPORATE NAME AND DOCUMEN	NT #)
SPECIAI NSTRU	CTIONS:	

#### **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	100	OMMUNITY HOMES, LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		D. Scott Baker		
			Name of Person	
		Zimmerman Kiser Sutclift	fe, P.A.	
			Firm/Company	<del></del>
		315 E. Robinson Street, St	uite 600	
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
		corporate@zkslawfirm.con		
Con Comb	· · · · · · · · · · · · · · · · · · ·		to be used for future annual report no	tification)
		oncerning this matter, please c	ai);	
Emily Ba	iutista, Corporai	te Paralegal	407 425-7010 at ( )	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S Division of C		Registration So Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MHRV COMMUNITY HOMES, 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  $\underline{-06/16/2021}$ and assigned Florida document number \_\_\_\_L21000282485 This amendment is submitted to amend the following: 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 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 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	GMF GROUP FUND I, LLC	315 E. ROBINSON ST STE 600	□Add
		ORLANDO, FL 32801	■Remove
		<del></del>	□Change
MGR	GMF GROUP FUND II HOLDINGS, LLC	315 E. ROBINSON ST STE 600	<b>≡</b> Add
		ORLANDO, FL 32801	□Remove
			□Change
			□Add
			□ Remove
			□Change
			🗀 Add
			□Remove
			Change
	<del> </del>		
			□ Remove
			□ Change
<del></del> -		<del></del> -	□Add
			□Remove
			□ Change

			<del></del>	
				<del></del>
- <del></del>	<del></del>			
		<u></u>		
				·
			<del></del>	
		<del></del>		<del></del> _
<del></del>				<del></del> -
	<del></del>			
ective date, if other than the effective date is listed, the date muster. If the date inserted in this blooment's effective date on the De	be specific and cannot be priock does not meet the applic	r to date of filing or more cable statutory filing re	(optional) than 90 days after filing.) Pe	irsuant to 605.0207 I not be listed as
cord specifies a delayed effective s filed.	date, but not an effective t	ime, at 12:01 a.m. on (	the earlier of: (b) The 9	0th day after the
December 27	2022	<u> </u>		
ed December 27  Gabriel C. W.	onfried	<u> </u>		
ed December 27  Gabriel C. M.	onfried Signature of a member or auth	orized representative of:	a member	

Filing Fee: \$25.00