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DATE: 08-07-20

NAME: SHARP'S MHP, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARP'S MHP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLE ANTONIO

Name of Person

WOLFSON & ASSOCIATES

Firm/Company

2801 N. UNIVERSITY DRIVE, SUITE 306

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

nwolfson@wolfsonassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE ANTONIO

954

906-2704

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION
FOR
SHARP'S MHP, A FLORIDA LIMITED LIABILITY COMPANY**

The Articles of Organization for this Company were originally filed on November 17, 2006 and assigned document number L06000111707. There has been no change in the name of the Company since it was formed. These Amended and Restated Articles of Organization are being filed in accordance with Section 605.0202 of the Florida Statutes, shall be effective as of their date of filing and shall amend and replace, in their entirety, the initial Articles of Organization filed on November 17, 2006, as well as any and all amendments thereto.

ARTICLE I – Name:

The Name of the Limited Liability Company is: SHARP'S MHP, LLC.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: c/o Wolfson & Associates, 2801 N University Drive Suite 306
Coral Springs, FL 33065

b: Principal Office Address: c/o Wolfson & Associates, 2801 N University Drive
Suite 306
Coral Springs, FL 33065

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Victor J. Troiano, Esq.
Name

317 S Tennessee Avenue
Florida street address

Lakeland, FL 33801
City, State and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.



Registered Agent's Signature

ARTICLE IV – Management (Check applicable box)

X The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

 The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

ARTICLE V – Authorized Persons

The Person(s) authorized to manage the Company and their addresses:


MGR Alex G. Stewart 12717 W. Sunrise Blvd. #268
Sunrise, FL 33323

MGR **Hugh Stewart** **14625 Baltimore Avenue**
Laurel, MD 20707

ARTICLE VI - Purpose

The purpose of the Company shall be to acquire, own, maintain, operate and sell commercial real property, and to otherwise engage in other lawful activities, in any state where the Company is authorized to do business.

Company is authorized to do business.



Signature of a member or an authorized representative of a member. AUTHORIZED REPRESENTATIVE

Victor J. Troiano, Authorized Representative
Typed or printed name of signee