

L10000030916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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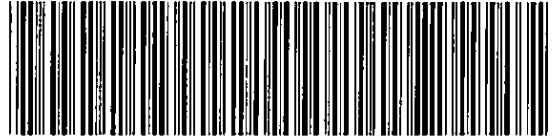
(Business Entity Name)

(Document Number)

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2023 AUG 17 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCA BH 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:

ALBERTO CAMHI

Name of Person

MCA BH LLC

Firm/Company

9800 E. BROADVIEW DRIVE

Address

BAI HARBOUR, FL 33154

City/State and Zip Code

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

For further information concerning this matter, please call:

ALBERTO CAMHI

305

389-4353

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MCA BH LLC

(Name of the Limited Liability Company as it now appears on our
(A Florida Limited Liability Company)

FILED

2023 AUG 17 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 22, 2010 assigned
Florida document number L10000030916

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)

9800 E. Broadview Drive

Bay Harbour, Florida 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9800 E. Broadview Drive

Bay Harbour, Florida 33154

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:

9800 E. Broadview Drive

Enter Florida street address

Bay Harbour

City

Florida 33154

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MCA Residential Holdings, LLC	9800 E. Broadview Drive	<input checked="" type="checkbox"/> Add
		Bay Harbour, Florida 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	MCA RESIDENTIAL HOLDINGS	5201 NW 77 Avenue	<input type="checkbox"/> Add
		Miami, Florida 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MAX ALCALAY	5201 NW 77 Avenue	<input type="checkbox"/> Add
		Miami, Florida 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALBERTO CAMHI	5201 NW 77 Avenue	<input type="checkbox"/> Add
		Miami, Florida 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	MAX ALCALAY	5201 NW 77 Avenue	<input type="checkbox"/> Add
		Miami FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLE V is amended to read as follows:

The company shall be Manager Managed and the Manager is ALBERTO CAMHI

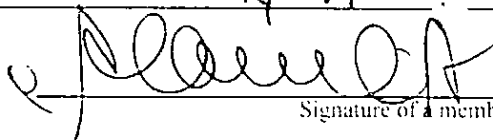
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 19, 2023.



Signature of a member or authorized representative of a member

ALBERTO CAMHI

Typed or printed name of signee