

L11000078884

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000280023 3)))



H110002800233ADCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : WASHINGTON & ASSOCIATES, P.A.
Account Number : 120090000070
Phone : (305) 573-2929
Fax Number : (305) 749-8989

FILED
2011 NOV 29 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dgonzalez@walaw.us.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MM BISCAYNE RIVER VILLAGE II, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$30.00 |

RECEIVED

11 NOV 29 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help J. BRYAN

NOV 30 2011

H 110002800233

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

MM BISCAYNE RIVER VILLAGE II, LLC

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

FILED
2011 NOV 29 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 8, 2011 and assigned
Florida document number L11000078884.

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 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

_____, Florida _____

City

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 608, 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

H 110002800233

(TUE) NOV 29 2011 12:31/ST. 12:30/No. 6840142610 P 3

MGR = Manager

[illegible]

2011 NOV 29 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated November 29, 2011

Dated November 29, 2011

Signature of a member or authorized representative of a member

Lynn C. Washington

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

2011 NOV 29 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ד
ה
ה
ה
ה

H 11 0002800233