Division of Corporations

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Division of Corporations

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Fax Number : (305)592-9591

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Email	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MT4 PH2, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MT4 PH2, LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L13000016113	<del></del>
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:	d Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRES	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	•
<del>-</del>	City , Florida

## 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 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

שנו שו צטצט ווצי דור ויפא

page 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being as or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR, MGR	Jorge Cherrez	1221 Brickell Avenue	
		Suite 900	■Remove
		Miami, FL 33131	☐ Change
			DAċd
			Remove
			[]Change
			(DAdd
			□ Rетюче
			□ Change
			□Add
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			Remove
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			☐ Remove
			□ Change

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ote: If the date insert	ed in this block does not re ite on the Department of S	neet the applicable st	atutory filing req	uirements, this date	will not be liste
	ne on the Department of the		•		
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	Signature of a s	member or surharised.	Man	nember	)
Pated	Signature of a r	nember or authorized r	Mari	nember	)