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H250000552273ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 Phone : (305)789-3200 Fax Number : (305)789-4137

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

Bowen@bcpropertyii.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LINDEMANN MULTIFAMILY MANAGEMENT, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINDEMANN MULTIFAMILY		
(Name of the Limited Lia	hility Company as it now appears on our records.) rida Limited Liability Company)	
(1116	man Same Guoniy ovinpany	
The Articles of Organization for this Limited Liability	y Company were filed on May 27, 2014	and assigned
Florida document number L14000084893		
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
LMM Multifamily Management, LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	20
		55 Fi
		, M
Enton your mailing address if applicables	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	12
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		· ·
	<u> </u>	
		: =
B. If amending the registered agent and/or registe		of the new registered
agent and/or the new registered office address here	<u>ë</u> :	
Name of New Registered Agent:		
Nove Burgleton d Office Address		
New Registered Office Address:	Enter Florida street address	
-	, Florida	Zip Code
	City	210 C006

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 fifte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Lindemann, George, Sr.	4500 Biscayne Blvd., Suite 200	
		Miami, FL 33137	XRemove
	·		□Change
MGR ,	Lindemann, George, Jr.	4500 Biscayne Blvd., Suite 200	□Add
		Miami, FL 33137	□Remove
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
MGR	Laird, Francis J., IV	4500 Biscayne Blvd., Suite 200	□Add
	Miami, FL 33137	□ Remove	
		M Change	
			□Add
		⊡Remove	
		□ Change	
			□Add
		□Remove	
			□Change
		<u> </u>	□Add
٠			□ Remove
			Change

	nending any other information, enter change(s) here: (Attach:additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: (optional) ffective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
lie reco ord is f	rd 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 lifed.
Dated	February /2 . 2025 .
	Signature of a member or authorized representative of a member
	Thoras T. Laint TV.

Filing Fee: \$25.00