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| (Re | questor's Name) |) |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
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TALLAHASSEE FLORIDA

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COVER LETTER

| TO: Registration S Division of Co | | | | | |
|-----------------------------------|---|---|---|------------------|-----------|
| MPMS | PROPERTIES, LLC | | | | |
| SUBJECT: | Name of Lin | uited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Barry J. Stein | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | 848 Brickell Key Dri | Address | | | |
| | | City/State and Zip Code | | | |
| | Miami, FL 33131 | , | <u>.</u> ≥. | 2015 | |
| For further information | E-mail address: (concerning this matter, please c | to be used for future annual report notificationall: |) | 7. EB | MENERAL I |
| Barry Stein | | 786 218-4077 | 330 770 770 | 9 | Sa fard |
| Name | of Person | Area Code Daytime Telep | | " ⊐ ĭ | |
| Enclosed is a check for | the following amount: | | 3000 | | |
| □ \$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 Statu Certified Copy (additional copy is encl | | |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lim | ited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
|--|--|---|
| The Articles of Organization for this Limited I Florida document number L15000015821 | iability Company were filed on Jar | nuary 27, 2015 and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name | of the limited liability company her | <u>'e</u> : |
| The new name must be distinguishable and end with the | words "Limited Liability Company," the d | esignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | |
| Enton nove mailing address if annilisables | | ZIS FEB |
| Enter new mailing address, if applicable: <i>Mailing address MAY BE A POST OFFICE</i> | · ROY) | SS 5 6 |
| B. If amending the registered agent and | | Our records enter the results of the new |
| registered agent and/or the new registered of | | our records, enter the manager of the nex |
| Name of New Registered Agent: | Joel Marcus | |
| New Registered Office Address: | 676 W. Prospect Road | da street address |
| | Fort Lauderdale | , Florida 33309 |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

MDMS DRODERTIES ILC

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.

f Changing Registered Agent, Signature of New Registered Agen

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|---|---|
| MGR | Robert M. Schoenthal | Nation's Properties of South Florida, Inc |). ≡ Add |
| | | 1000 West Oakland Park Blvd | Remove |
| | | Ft. Lauderdale, FL 33311 | |
| | | | |
| | | | □ Remove |
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| ffective date, if other than the date of filing: | of receipt or filed date and cannot be more than 90 days after |
| date this document is filed by the Florida Department of | of State) |
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Page 3 of 3

Filing Fee: \$25.00