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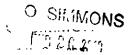
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COVER LETTER

TO: Registration S Division of Co	Section orporations
Ortega V	/illage MFM, LLC
	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
	condence concerning this matter to the following:
	Clemen Cunningham
	Name of Person
	Trowbridge Sidoti, LLP
	Firm/Company
	38730 Sky Canyon Drive, Suite A
	Address
	Murrieta, CA 92563
	City/State and Zip Code
	clemen@crowdfundinglawyers.net
	E-mail address: (to be used for future annual report notification)
For further information co	concerning this matter, please call:
Clemen Cunningham	323 799-1342
Name of	f Person Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ortega Village MFM, LLC				
(Name of the Li	mited Liability Compa (A Florida Limited I	ny as it now appears on our re liability Company)	ecords.)	
The Articles of Organization for this Limited Florida document number L15000156686				_ and assigned
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liabi	lity company here:		
Florida MFM, LLC				
The new name must be distinguishable and contain the Enter new principal offices address, if applicable (Principal office address MUST BE A STREE) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	icable: EET ADDRESS) EBOX)		AHASSEE, FLORIDA	FEB 22 M 9: 58
Name of New Registered Agent:	National Registe	ered Agent, Inc		
New Registered Office Address:	1200 South Pine	e Island Road		
		Enter Florida street add	tress	
	Plantation		Florida 33324	
tana ta da a a a a a a a a a a a a a a a a	-	City		p Code
iew Registered Agent's Signature, if changing				
hereby accept the appointment as registere rovisions of all statutes relative to the propecter the obligations of my position as region filed to merely reflect a change in the ompany has been notified in writing of this	er and complete pe stered agent as pro registered office ac	erformance of my duties,	and I am famil	iar with and

Page 1 of 3

Assistant Secretary

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 = Ma AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			□ Add
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<u> </u>	the date inserted 's effective date	III UIIS DIOCK GO	es not me	et the applic	able statutory	filing requireme	nts, this dat	e will not be listed
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ed	bruary 09	- _		2018				
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Typed or printed name of signee

Filing Fee: \$25.00