Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: JMP MADERO MEMBER, LLC

| Certificate of Status | 0 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| 6 g | ? | \$ | | | |
| JMP MADERO MEMBER, LLC | | | | | |
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our records.) I Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for the Articles of Organization of the Organization of the Organization of the Organization of the Organization of Organization of the Organization of Organiz | y were filed on 05/06/2016 | and assigned | | | |
| his amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited lis | bility company here: | | | | |
| | | | | | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" or | r the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | | | |
| Time for office dum cos mage about 100 miles | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | 2850 Tigertail Ave, Suite 800 | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | Miami, FL 33133 | | | | |
| Truming understanding the second | | | | | |
| | | 21 | | | |
| B. If amending the registered agent and/or registered office | e address on our records, enter the | e name of the new regist | | | |
| egent and/or the new registered office address here: | | 9 = | | | |
| | | = = | | | |
| Name of New Registered Agent: | | | | | |
| | | | | | |
| New Registered Office Address: | Enter Florida street address | 00 H | | | |
| | . 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|-------------------------------|----------------|
| AMBR | Perez, Jorge M. | 2850 Tigertail Ave, Suite 800 | □Add |
| - | | Miami, FL 33133 | □Remove |
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| Note: If t | the date inserted in | an the date of filir late must be specific ar this block does not to the Department of | meet the applicat | date of filing or the statutory fili | more than 90 days ing requirements | optional) after filing.) Pursuar s, this date will not | it to 605,020' be listed as |
| e record sprd is filed. | | effective date, but no | ot an effective tim | e, at 12:01 a.m | . on the earlier c | of: (b) The 90th d | ay after the |
| No Dated | ovember 17 | | 2021 | | | | |
| Jaieu | | | - · | or i | 2- | | |
| | | Signature of a | a member or author | zod representati | ve of a member | | |
| | lovanh Danhales | r Attornay in Coas | | | | | |
| | Joseph Pannotze | r, Attorney-in-Fact | Typed or printed | name of signee | | ···· | |

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