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To:

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Division of Corporations

Fax Number : (850)617-6383

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008

: (850)777-2091

Fax Number

: (770)220-1943

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

Address:								
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MRG SITE CONSTRUCTION MANAGEMENT, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$55.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

254

1.1

MRG Site Construction Management, LLC						
(Name of the Limited Llability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000198397</u>	were filed on10/28/2016	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited llab	ility company here:					
The new came must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the a	bbreviation "L.L.C."				
Enter new principal offices address, if applicable:	8297 ChampionsGate Boulevard					
(Principal office address MUST BE A STREET ADDRESS)	#512					
	Orlando, Florida 33896	٠, المسلم				
Enter new mailing address, if applicable:	8297 ChampionsGate Boulevard	· E				
(Mailing address MAY BE A POST OFFICE BOX)	#512	(PQ)				
	Orlando, Florida 33896	<del></del>				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the new				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	, 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Polk County Land Partners, LLC	8297 ChampionsGate Blvd.	
		#410	■ Remove
		Orlando, FL 33896	
MGR	ENGEL L.P.	10339 Kensington Shore Dr.	_ <b>⊞</b> Add
		#102	□ Remove
		Orlando, Florida 32827	☐ Change
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Dated	hruary 21		2017	·				
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