Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number

Account Name : CORPORATE CREATIONS INTERNATION

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)214-8442

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STIRRUP PLAZA PHASE THREE MANAGER, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our recored Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L16000203723</u> .	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li.	ability Company," the designation "LL	C' or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7:: -
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		SAM III
Enter new mailing address, if applicable:	***************************************	<u> </u>
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ce address on our records, <u>ente</u>	
	r.	Zlavida
	City .	Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, o as provided for in Chapter 605	and I am familiar with and 5, F,S. Or, if this document is

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>	Name	Address	Type of Action
MGR	JMP INVESTOR, LLC		□Add
			■ Remove
			□Change
			□Add
		□Remove	
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Change
			□Add
		Remove	
			☐ Change

		A SE
		ALLWINSSEE FLERING
		<u> </u>
Tective date, if other than than than effective date is listed, the date mote: If the date inserted in this bournent's effective date on the I	ist be specific and cannot be prior to date of filing or lock does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.02 ing requirements, this date will not be listed
record specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:01 a.m	, on the earlier of: (b) The 90th day after t
August 9	, 2021	
	pos	
	Signature of a member or authorized representative	ve of a member
	Stellarare of a fine lines of an arrangement of	7 (1) 10 1116 1116 1116

Filing Fee: \$25.00