Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MHPI VII MANAGEMENT, LLC

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Electronic Filing Menu

Corporate Filing Menu

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(H17000154207 3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MHPI VII MANAGEMENT, LLC		
(Name of the Limited Liab (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L17000084304	Company were filed on 4/14/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the ne
		AA SS
Name of New Registered Agent:	1.5	m _C
New Registered Office Address:		
	Enter Florida street address	DR IU
	City, Florie	da >
	-	•

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

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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

Title	Name	Address	Type of Action
MGR	JRS MHP MANAGEMENT, LLC	510 Gatlin Avenue	Add
		Orlando, Florida 32806	Remove
			Change
MGR	MHP Management, LLC	215 N. Eola Dr.	Add
		Orlando, Florida 32801	■ Remove
		Was.	□ Change
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(If an effective date in Note: If the date	if other than the date is listed, the date must be sponsorted in this block d citive date on the Departi	pecific and cannot be pri loss not incet the app	licable statutory filing re	(optional than 90 days after filing equirements, this date	g.) Pursuant to 605.0)207 (3)(b) I as the
f the record spec b) The 90th da	cifies a delayed efforty ay after the record in	ective date, but r is filed.	not an effective tim	e, at 12:01 a.m.	on the earlie	r of:
Dated	(a/8/17	,	•			
	Sign	ature of a member or au	thorized representative of	a member		
		- Λ				

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