	Electronic Filing Cover Sheet ase print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
((((H17000146892 3)))
Note: DO	H170001468823ABCS NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
 То:	Division of Corporations Fax Number : (850)617-6383
From:	Account Name : ROLAND,SANCHEZ-MEDINA JR.,P.A. Account Number : 120030000135 Phone : (305)377-1000 Fax Number : (855)327-0391
36	the email address for this business entity to be used for future innual report mailings. Enter only one email address please.** mail Address: K.()\VATACLA STAGGLAVN.(CCM)
<u>.</u>	LC AMND/RESTATE/CORRECT OR M/MG RESIGNED MCP AVE LOAN 4, LLC
·	LC AMND/RESTATE/CORRECT OR M/MG RESIGN MCP AVE LOAN 4, LLC Certificate of Status Certificate of Status Certificate of Status Page Count Estimated Charge S25.00

https://efile.sunbiz.org/soribls/efilcovr.exe

i.

K. SALY JUN - 1 2017 Ì

1/1

t



SMGO LAW

(((H17000146'892 3)))

2017 MAY 31 AM 90 51 AMENDED AND RESTATED ARTICLES OF ORGANIZATION FOR SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

Į

ARTICLE I - NAME

The name of the limited liability company shall be MCP AVE LOAN 4, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be 10165 NW 1916 Street, Miani, FL 33172.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is: Aubrey Hernandez-Solaun, P.A., 95 Merrick Way, 3rd Ploor, Miami, FL 33172.

ARTICLE IV - MANAGER-MANAGED

The Company will be a manager-managed company. The manager of the company is Jose Elernandez-Solaun.

Having been named as registered agent and to accept service of process for the above-stated company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of registered agent as provided for in Chapter 605, F.S.

<				}
Aubrey H		otaun P.A.		
Jose Hern	antez-Solar	an, ay autho	rized repres	sentative

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

R: (3794.0001 \MCFAveLoan4AmendedArticles clock

(((H17000146892 3)))