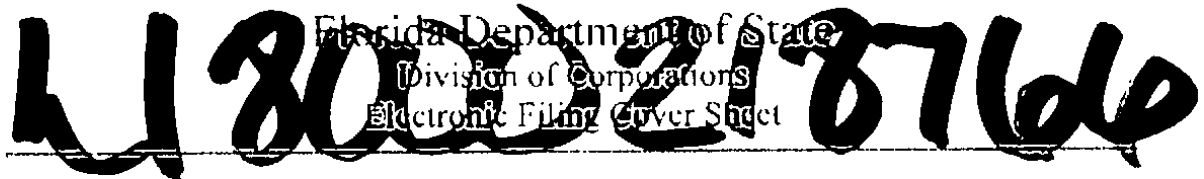


8/27/2019

Division of Corporations



Note: Please 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.

(((H19000258604 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (888)772-8108

****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
MCMC HOLDINGS, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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AUG 28 2019

H19000258604 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCMC HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/13/2018 and assigned
Florida document number L18000218766.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

150 SUNNY ISLES BLVD UNIT 1-TH403

SUNNY ISLES BEACH, FL

33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 SUNNY ISLES BLVD UNIT 1-TH403

SUNNY ISLES BEACH, FL

33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CSI RA LLC

New Registered Office Address:

1549 NE 123RD ST

Enter Florida street address

NORTH MIAMI

City

Florida 33161

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

H19000258604 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTONIO CARLOS M CESARONI	150 SUNNY ISLES BLVD UNIT 1-TH403	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL	<input type="checkbox"/> Remove
		33161	<input checked="" type="checkbox"/> Change
MGR	LUANA MORBECK CESARONI	150 SUNNY ISLES BLVD UNIT 1-TH403	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL	<input type="checkbox"/> Remove
		33161	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H19000258604 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2019 AUG 27 PM 4:15

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to GDS.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 8TH, 2019

Luana Morbeck Cesaroni
Signature of a member or authorized representative of a member

LUANA MORBECK CESARONI

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

H19000258604 3