

L18000289475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

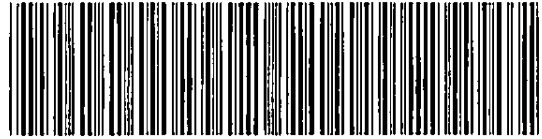
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800428437658

2024 APR 29 AM 9:35  
STATE  
FLORIDA

RECEIVED  
2024 APR 29 PM 4:28  
DIRECTOR OF ATTORNEY GENERAL  
FLORIDA

HUNT  
4/29/24

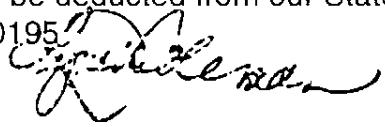


CSC - Tallahassee  
 1201 Hays Street  
 Tallahassee, FL 32301-2607  
 850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
 From: Amanda Miller  
 Ext:  
 Date: 04/29/24  
 Order #: 1495429-1  
 Re: MB MIXED USE INVESTMENT HOLDINGS MEMBER I, LLC  
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
 120000000195  
 AUTH 

Please take the following action:

File in your office on basis  
 Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

APR 29 AM 9:35  
 DIVISION OF STATE  
 TALLAHASSEE, FL  
 50

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MB MIXED USE INVESTMENT HOLDINGS MEMBER I, 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 12/17/2018 and assigned Florida document number L18000287475.

This amendment is submitted to amend the following:

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

MB MIXED USE INVESTMENT HOLDINGS MEMBER, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

REC'D  
STATE  
AM 9:35  
FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

\_\_\_\_\_

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FL  
MAY 9 9:35 AM '09

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

Multiple horizontal lines for amending information.

2024 APR 29 AM 9:35  
STATE OF FLORIDA  
TALLAHASSEE, FL

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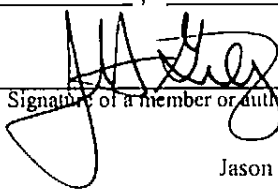
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 605.0207 (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 April 16, 2024



Signature of a member or authorized representative of a member

Jason Gilg

Typed or printed name of signer