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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 : (305)789-3200 Phone

: (305)789-4137 Fax Number

Enter 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 MONACO ARMS DEVELOPER LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Monaco Arms Developer, LLC				7.	: :5*2
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records,)	15 B	
The Articles of Organization for this Limited L	iability Compan	y were filed on March 13,	2019	<u> </u>	ıed
Florida document number L19000063826	·				
This amendment is submitted to amend the foli	owing:				
A. If amending name, enter the new name o	f the limited lia	bility company here:			
Valencia MM LLC					
The new name must be distinguishable and contain the	words "Limited Lial	oility Company," the designation	m "LLC" or the	abbreviation "L.L.C	2.17
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STRE)	ET ADDRESS)			·	
					
Enter new mailing address, if applicable:		N/A		<u>-</u>	
(Mailing address MAY BE A POST OFFICE	BOX)				
					
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered ffice address be	office address on our sere;	records, <u>ent</u> o	er the name of	the new
Name of New Registered Agent:	N/A				
New Registered Office Address:	-	Enter Florida stree	et 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

Title	Name	Address	Type of Action
		N/A	Add
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tive date, if other than the date of fective date is listed, the date must be spond to the date inserted in this block do neat's effective date on the Department's effective date on the Department of specifies a delayed effert of the day after the record is	es not meet the applicable statent of State's records. ctive date, but not an el	utory filing requireme	nts, this date will n	ot be liste
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