

5/18/23, 3:58 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L19000143432

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.

(((H23000185036 3)))



H230001850363ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

****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
 PRH N MIAMI LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

2023 MAY 18 PM 2:32

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRHN Miami 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 June 6, 2019 and assigned
Florida document number L19000143432.

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:

3953 Maple Avenue, Suite 300

(Principal office address MUST BE A STREET ADDRESS)

Dallas, Texas 75219

Enter new mailing address, if applicable:

3953 Maple Avenue, Suite 300

(Mailing address MAY BE A POST OFFICE BOX)

Dallas, Texas 75219

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

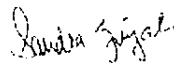
City

Florida 33324

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.



Sandra Zwijack, Assistant Secretary

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> |
|--------------|-------------------------------|-------------------------------|--|
| MGR | JMPBH Manager, LLC | 2850 Tigertail Ave, Suite 800 | <input type="checkbox"/> Add |
| | | Miami, FL 33133 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Diamedix Wynwood Holdings LLC | 3953 Maple Avenue, Suite 300 | <input checked="" type="checkbox"/> Add |
| | | Dallas, TX 75219 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| VP | Matthew Allen | 2850 Tigertail Ave, Suite 800 | <input type="checkbox"/> Add |
| | | Miami, FL 33133 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| VP | Ron J. Hoyl | 3953 Maple Avenue, Suite 300 | <input checked="" type="checkbox"/> Add |
| | | Dallas, TX 75219 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| VP | Jon Paul Perez | 2850 Tigertail Ave, Suite 800 | <input type="checkbox"/> Add |
| | | Miami, FL 33133 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AP | Anro Zakani | 2850 Tigertail Ave, Suite 800 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33133 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

