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To:

Division of Corporations

Fax Number

: (850)617-6383

From: Jennifer L. Williamson, Esquire

Account Name : CRARY, BUCHANAN, BOWDISH, ET AL

Account Number : 076424001425 Phone : (772)233-4602

Fax Number : (772)223-4378

thter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

jlw@crarybuchanan.com Email Address:

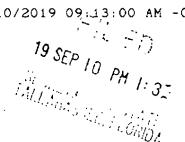
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MK BROWN HOLDINGS VIII, LLC

Certificate of Status	0
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K. SALY

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



MK Brown Holdi	ngs VIII, LLC		, compa	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears lability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	07/02/2019	and assigned	
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	llity company be	<u>re</u> :		
Stuart RE Ventures I, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	esignation "LLC" or the	ibbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1045 NE Industrial Blvd.			
Principal office address MUST BE A STREET ADDRESS)	Jensen Beach, F.	L 34957		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1045 NE Industr Jensen Beach, F			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter	the name of the I	
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	ida 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

Page 1 of 3

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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>	Address	Type of Action
MGR	Matthew S. Brown	4425 SW Martin Highway	
		Palm City, FL 34990	■ Remove
			☐ Change
MGR	Raymond E. Kingsfield	211 West Wacker Dr., Ste. 1800	
		Chicago, IL 60606	Remove
			Change
MGR	Bryan Polhemus	1045 NE Industrial Blvd.	
		Jensen Beach, FL 34957	□ Remove
			☐ Change
			
			Reffeeve T
			P Add.
			Remove
			☐ Change
			Add
			Remove
			□ Change

D. If amending	g any other information	enter change(s) here: (Attacl	h additional shee	s, if necessary	·.)	
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Dated	September 9	2019)				
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