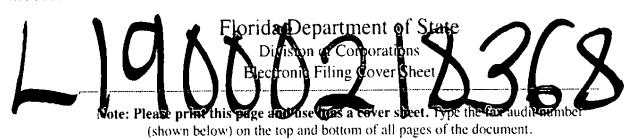
Division of Corporations



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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 : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 Finter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** ESE LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MHP BEMBRIDGE MEMBER, LLC

Certificate of Status	0
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M. SOLOMON

JUL 12 2024

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

MHP Bembridge Member, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears o ed Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 09/05	5/2019 and assigned
Florida document number L19000218368		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	;
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desig	gnation "LLC" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:		デ <i>い</i>
Principal office address MUST BE A STREET ADDRESS)		
		HASS STAR
		کی ایسا ہے ج
Enter new mailing address, if applicable:		, m
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	F STATE .F_ORIO.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	sireet address
	City	, Florida

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>	Address	Type of Action
CFO	Mario Sariol	777 Brickell Avenue	□Add
		Ste 1300	
		Miami, FL 33131	
			3.
			Remove
			☐ Change
			SECULIAR DAHASSA DRAW
			OF STATE E.FLERIOA
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(If an effect Note: 1:	e date, if other than the date of filing:	.0207 (3)(b) ed as the
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	the
Dated _	7/H 2024	
	Signature of a member or authorized representative of a member	
	Christopher Shear, Chief Operating Officer	
	Typed or printed name of signee	