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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Fax Number : (561)694-1639

\*\*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

## MHP DEVELOPMENT I, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Helport = 1 7078 T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MHP DEVELOPMENT I, LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appearated Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on 10	/03/2019	and assigned
Florida document number L19000243136			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the c	lesignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			· <del></del> · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addres  Name of New Registered Agent:		our records, <u>enter tl</u>	se name of the n
New Registered Office Address:			
	Enter Flo	rida street address	•
		fflorida <u>≘</u>	······································
New Registered Agent's Signature, if changing Registered A	City gent:	) 0CT	Zip Çade
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	piete performance oj it as provided for in (	my duties, and 1 am jai Chapter 605, F.S. Or. if by confirm that the limi	mițiar with ana This document is
		لي¥ ∞۲	
i	f Changing Registered A	gent, Signature of New Regi	stered Agent

→ 18506176383

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>	Name	Address	Type of Action
MBMR	William Patrick McDowell	601 Brickell Key Drive, Suite 700	
			■ Add
		Miami, FL 33131	
			☐ Remove
			Change
MBMR	MHP DEVELOPMENT I MEMBER, LLC	601 Brickell Key Drive, Suite 700	
		Miami, FL 33131	Add
	(Name is currently listed as MHP DEVELOPMET I MEMBER, LLC)		<b></b>
	320223		□ Remove
			Character Character
	MHP DEVELOPMENT I	601 BRICKELL KEY DRIVE	■ Change
MGR	MEMBER, LLC	STE 700	□ Add
	(Name is currently listed as	MIAMI, FL 33131	
	MHP DEVELOPMET I MEMBER, LLC		☐ Remove
			■ Change
			D Add
			☐ Remove
			☐ Change
			O Add
			□ Remove
			Channa
			□ Change
			□ Add
	and the state of t	والمساوة فود النام والمراجع والمراجع المراجع المراجع المراجع والمنافع والمستمينة والموسم المراجع والمستمرين	
			□ Remove
			□ Change

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D. If amend	ing any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	
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<del></del>		10/23/2019	
E. Effective	date, if other than the date of fi		
(If an effecti	ve date is listed, the date must be specific	iling: (optional)  cand cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the applicable statutory filing requirements, this date will not be	o 605.0207 (3)(b) e listed as the
document	's effective date on the Department	of State's records.	- Hiller His tile
	d specifies a delayed effectly Oth day after the record is file	re date, but not an effective time, at 12:01 a.m. on the e ed.	arller of:
Dated	tober 30	2019	
	P		
	Signature	of a member or authorized representative of a member	_
	Lauren Underwood, Attorney-in-I	Typed or printed name of signee	<del>_</del> -
		AT THE STATE OF TH	

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