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.

(((H23000361197.3)))



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 : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731901374 Phone : (407)418-2435 Fax Number : (407)420-5909

*Enter	the	email	address	for	this	business	entity	to be	used	for	futur
						only one					

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI A/I PARCEL 3 SUBSIDIARY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help /

CUT 17 2023

(((H23000361197.3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF			
•		-	٠, ٠	
Miami A/I Parc	el 3 Subsidiary, LLC			
(Name of the Limi	ited Liability Company as it now appe (A Florida Limited Liability Company	<u>(ars on our records.</u>))		
he Articles of Organization for this Limited I	inhility Commonwey (3), 1 and	12/13/2019		,
lorida document numberL1900029917	(1)		and assig	inea
This amendment is submitted to amend the following	lowing:			
. If amending name, enter the new name o	of the limited liability company	<u>here</u> :		
N/A				
he new name must be distinguishable and contain the	words "Limited Liability Company." the	designation "LLC" or	the abbreviation "L.L.	.C."
inter new principal offices address, if applie	cable: N/A			
inter new principal offices address, if applic <u>Principal office address MUST BE A STREE</u>				
Principal office address MUST BE A STREI				
Principal office address MUST BE A STREE	ET ADDRESS)			
Principal office address MUST BE A STREI	ET ADDRESS)			
Principal office address MUST BE A STREE	ET ADDRESS)		27	
Principal office address MUST BE A STREE Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	ET ADDRESS) BOX)		27.	
Principal office address MUST BE A STREE Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE The description of the registered agent and/or the second content of the se	**ET ADDRESS) **BOX) registered office address on our		27.	register
Principal office address MUST BE A STREE Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	**ET ADDRESS) **BOX) registered office address on our		27.	register
Principal office address MUST BE A STREE nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE . If amending the registered agent and/or agent and/or the new registered office addre	ET ADDRESS) BOX) registered office address on our ess here:		27.	register
Principal office address MUST BE A STREE Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE The description of the registered agent and/or the second content of the se	**ET ADDRESS) **BOX) registered office address on our		27.	register
Principal office address MUST BE A STREE nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE . If amending the registered agent and/or agent and/or the new registered office addre	ET ADDRESS) BOX) registered office address on our ess here:		27.	register
Principal office address MUST BE A STREE Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE If amending the registered agent and/or agent and/or the new registered office addresed. Name of New Registered Agent:	registered office address on our		name of the new	register
Principal office address MUST BE A STREE Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE If amending the registered agent and/or agent and/or the new registered office addresed. Name of New Registered Agent:	registered office address on our	records, enter the	name of the new	register

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change

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 (((H23000361197.3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Alfonso Costa	One Town Center Road	XIAdd
		Suite 600	□Remove
		Boca Raton, FL 33486	□Change
<u>VP</u>	John Chiste	One Town Center Road	Xndd
		Suite 600	□Remove
		Boca Raton, FL 33486	□Change
MGR	Miami A/I Parcel 3 Subsidiary M	Manager, LLC 	□Add
			X∂Remove
			TChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ □ Change
			JA6d
			□Remove

(((H230003611973)))

From: Heather Irving

	N/A
-	
•	
*	
-	
-	
_	
=	
-	
=	
-	
_	
fan effi <u>Note:</u>	ive date, if other than the date of filing: (optional) ective date is listed, the date mist be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as em's effective date on the Department of State's records.
aocum	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
recore d is lil	October 13, 2023
recore d is lil	ed.
recore d is lil	October 13, 2023