(((H24000236395 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 : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

e: 43

Enter the e	email addres	s for thi	s business	entity	to be	used for	future
문문annual	report mail	ings. Ente	er only one	e email	address	please.	* *
₩_1 ₩.5							

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MHP COLLIER SLP, LLC

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

M. SOLOMON

JUL 12 2024

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MHP Collier SLP, LLC		
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabil	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number L19000299441	re filed on 12/13/2019	and assigned
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 C	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		A: 5
		조음 💆
		ASS
Enter new mailing address, if applicable:		mo <b>~</b>
Mailing address MAY BE A POST OFFICE BOX)		FS 🛣
		OR IS
_		÷in €
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:  Name of New Registered Agent:	ress on our records, <u>enter the na</u>	ame of the new register
	1.004.00	
New Registered Office Address:	Enter Florida street address	
	F1	
	, Florida	Zin 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 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
CFO	Mario Sariol	777 Brickell Avenue	
		Ste 1300	<b>5</b> 0
		Miami, FL 33131	□ C'hange
			□ Add
			Remove
		·	□Change
			2024 JUL 12 PM 2: 56 SECRETARY OF STATES ANASSEETELORIOM
			<b>2: 56</b> STAT 在 LORIDIO
			□Remove
			□Change
			CAdd
			CIRemove
			Change
			□Add
			□Remove
			Change

	<u> </u>	
_		
-		
		200
_		HAS
		338 0 A
		STATE
		<u> </u>
_		
		<del></del> _
<b>ective</b> 1 effecti	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	D
<u>te:</u> 11 1	the date inserted in this block does not meet the applicable statutory filing requirements, this date w	vill not be listed as
Junein	's effective date on the Department of State's records.	
cord si	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	004 1 3 1
s filed.	The	youn day after the
	T 1 11	
ed	) uly [] . 2024	
	Signature of a member or authorized representative of a member	
	0 or = manner or annionment telegolikative in a lifetilitie.	