## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

\*\*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 HALEY SOFGE PRESERVATION DEVELOPER, LLC

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

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Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALEY SOFGE PRESERVATION DEVE		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L20000296306		~• ~• · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	-	SECRETA 2021 OCT
A. If amending name, enter the new name of the lin	mited liability company here:	9- L
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.
Enter new principal offices address, if applicable:		<b></b> Ş
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin Coda

## 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
MGR	RUDG, LLC	2850 Tigertail Ave, Suite 800	<b>®</b> Add
		Miami, FL 33133	D
		A11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	□ Change
MGR	JMPFT Affordable, LLC		□Add
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ective date, if other than the	date of filing:		(optional)
ective date, if other than the effective date is listed, the date muse:  If the date inserted in this bl	st be specific and cannot be prior to lock does not meet the applical	date of filing or more than 9	0 days after filing.) Pursuant to 605 ments, this date will not be list
ument's effective date on the D	epartment of State's records.		
cord specifies a delayed effective filed.	e date, but not an effective tim	ne, at 12:01 a.m. on the ca	rlier of: (b) The 90th day afte
October 8	2021	<del>.</del> •	
	per		
	Signature of a member or author		

Filing Fee: \$25.00