Division of Corporations

→ 18506176383

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.

(((H22000405610 3)))



	Doing so will generate ano	ther cover sneet.	
To:	Division of Corporations		)55. 
	Fax Number : (850)617-6	383	<b>1</b>
			SS
From	:	CREATIONS INTERN	ן זין. רדו
	Account Name : CORPORATE Account Number : 1104320030		ATIONAL TIN
	Phone : (561)694-8		
	Fax Number : (561)214-8		·
annua	e email address for this busine al report mailings. Enter only o	ess entity to be one email address	used for f
annus Email	Address:  LC AMND/RESTATE/CORRE	CT OR M/MG R	s please.*
annus Email	Address:  LC AMND/RESTATE/CORRE  MHP FL VI DEVEL	CT OR M/MG R	s please.*
annua Email	Address:  LC AMND/RESTATE/CORRE	CT OR M/MG R	s please.*
annus Email	Address:  LC AMND/RESTATE/CORRE  MHP FL VI DEVEL	CT OR M/MG R	s please.*
annus Email	Address:  LC AMND/RESTATE/CORRE  MHP FL VI DEVEL  Certificate of Status	CT OR M/MG FOPER, LLC	s please.*

Electronic Filing Menu

Corporate Filing Menu

Help

C.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MHP FL VI DEVELOPER, LLC				<u> </u>
(Name of the Limited I	Jability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabi Florida document number L20000309786	lity Company	were filed on 10/0	09/2020	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company her	re:	
N/A			_	
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the de	signation "LLC" or th	e abbreviation "b.L.C."
Enter new principal offices address, if applicable		N/A		22 D
(Principal office address MUST BE A STREET A			. <u></u>	
Trincipal office with the transfer of the tran				RY AS
				SEP M
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			<b>⅓</b> 5
B. If amending the registered agent and/or registered agent and/or the new registered office address h		uddress on our re	cords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	N/A		<del></del>	
New Registered Office Address:				
		Enter Flori	da street address	
			, Florida	
_		City		Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	i		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as registed being filed to merely reflect a change in the reg company has been notified in writing of this change	and complete red agent as <sub>l</sub> sistered office	performance of i provided for in C	my duties, and La hapter 605, F.S.	on familiar with and Or, if this document is

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>	<u>Address</u>	Type of Action
MBR	MHP DEVELOPERS, LLC	601 BRICKELL DRIVE, SUITE 700	□Adđ
		MIAMI, FL 33131	■ Remove
1BR	MHP DEVELOPERS X, LLC	777 Brickell Avenue, Ste 1300	■Add
		MIAMI, FL 33131	Remove
			□Add
			Remove
			□Change
			□Add
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			Remove
			<b></b> .

☐ Change

D. If

Effective date, if other than the date of filing:	
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record 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 ord is filed.  December 1st  2022  Signature of a member or authorized representative of a member	
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Dated December 1st 2022  Signature of a member or authorized representative of a member	(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	December 1st 2022
	Muf.
	Signature of a member or authorized representative of a member
	Carlos M. Alvarez, Attorney-in-Fact

Filing Fee: \$25.00