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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MHP FL IX GP, LLC 0 Certificate of Status 1 Certified Copy 04 Page Count \$55.00 Estimated Charge

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MHP FL IX GP, LLC  (Name of the Limited Liability Company (A Florida Limited	pany as it now appears un our records. Liability Company)	)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L20000335265</u> .	y were filed on 10/30/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
MHP FL IX OUT, LLC		
The new name must be distinguishable and contain the words "Limited Link	oility Company," the designation "LLC"	or the abbreviation "L.B."
Enter new principal offices address, if applicable:	601 Brickell Key Drive,	
(Principal office address MUST BE A STREET ADDRESS)	Suite 700	
Trincipal office with the first section of the firs	Miami, FL 33131	
Enter new mailing address, if applicable:		75 <u>5</u>
(Mailing address MAY BE A POST OFFICE BOX)		വ
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B. If amending the registered agent and/or registered office	address on our records, enter t	he name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:		rida

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

Title	<u>Name</u>	Address	Type of Action
	<del></del>		□Add
			□Remove
			□Change
			□Add
			Петоve
			Change
			□Add
			Remove
			☐ Change
			□Add
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			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

Signature of a member or authorized representative of a member

Typed of printed name of signee

Mario A. Sariol, CFO