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(((H20000426412 3)))



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Division of Corporations

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From:

Account Name : STILES CORPORATION

Account Number : I20020000020 Phone : (954)627-9350 Fax Number : (954)627-9037

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Lynda.Watkins@Stiles.com

PH I: S

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S-MIDTOWN BROWARD MF, LLC

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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT H20000426412 3 TO ARTICLES OF ORGANIZATION OF

S-MIDTOWN BROWARD MF, LLC (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	npears on our records.).		
The Articles of Organization for this Limited Liability Company were filed on L20000375312			
Florida document number 11/30/2020			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compar	ny here:		
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	**		
	: DE		
(Principal office address MUST BE A STREET ADDRESS)			
			
	- TE		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
	>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	55		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a ddress		
New Registered Office Address: Ente	er rioriau street o auress		
New Registered Office Address: Ente	Florida Zip Code		

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 Changing Registered Agent, Signature of New Registered Agent

Fm:Stiles Corporation To:Amendment for S-MIDTOWN BROWNRD MF, LLC #L2000 (18506176383) H200004236241271520 CMT-05 Pg 6-7

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>	Address	Type of Action
MGR	SRRE, LLC	301 E LAS OLAS BLVD	□Add
	. , -	FT. LAUDERDALE, FL 33301	≣ Remove
			□Change
MGR	SFLMF, LLC	301 E LAS OLAS BLVD	\(\exists\) Add
		FT. LAUDERDALE, FL 33301	□Remove
			Change
·			Change
			Remove
			€ Change
			□ Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			Remove
			□Change
			□Add
			П с тюче
			Change

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Fim: Stiles Corporation To: Amendment for S-MIDTOWN BROWARD MF, LLC #L2000 (18506176383)

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