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To:

Division of Corporations

Fax Number : (850)617-6333

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone

: (845)818-3588 Fax Number

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

Ema:	il	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MNH 18 HOLDINGS LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18886118813

MNH 18 HOLDINGS LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears (ited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on 05/05	5/2021	_ and assigned
Florida document number L21000197361			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	2:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the desi	ignation "LLC" or the abore	viation "L.L.C."
Enter new principal offices address, if applicable:		·t	
(Principal office address MUST BE A STREET ADDRESS	2	<u> </u>	
	<u></u>	<u>></u> 2	<u> </u>
•		62. 62.	-ω !
Enter new mailing address, if applicable:	<u> </u>	-	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			- 15
		<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on o here:	our records, enter th	_
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
		, Florida	
	City		Zıp Code
New Registered Agent's Signature, if changing Registered Ag			
I hereby accept the appointment as registered agent and	agree to act in this co	pacity. I further agree	to comply with

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 heing 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

18886118813

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	ROC FUNDING LLC	4601 Sheridan St, Ste 505	□ Add
		Hollywood, FL 33021	■ Remove
			Change
MGR	AJH Management LLC	PO BOX 814390	_ _ Add
		HOLLYWOOD, FL 33021	☐ Remove
			Change
			Remove
			☐ Change
			D Add
			🗆 Remove
			☐ Change
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			Remove
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e record specifies a delayed The 90th day after the rec	i effective da ord is filed.	te, but not	an effective	time, at 12:0)1 a.m. on t	the earlie	r o
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