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From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

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corporate@zkslaw.com

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MMUNITY HOMES, LLC		
Name of Lim	nted Liability Company	<del></del>
Amendment and fee(s) are sub	omitted for filing.	
ndence concerning this matter	to the following.	
D. Scott Baker		
	Name of Person	<del></del>
Zimmerman Kiser Sutclift	e, P.A.	
	Firm/Company	· · · · · · · · · · · · · · · · · · ·
315 E. Robinson Street, St	uite 600	
<del></del>	Address	
Orlando, FL 32801		
	City/State and Zip Code	
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orporations	Division of Co	rporations
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following.  D. Scott Baker  Name of Person  Zimmerman Kiser Sutcliffe, P.A.  Film/Company  315 E. Robinson Street, Suite 600  Address  Orkindo, FL 32801  City/State and Zip Code corporate@zkslawfilm.com  E-mail address (to be used for future annual report not oncerning this matter, please call.  fam.  at (

Tallahassee, FL 32303

Docusign Envelope ID: 54F50297-A55C-42C1-B2ED-70D29E08A81C

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MHRY COMMUNITY HOMES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000282485}{1.0000282485}$	were filed on <u>06/16/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L L C "
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, <u>enter th</u>	e name of the new registered
New Registered Virge Address.	Enter Florida street address	<del></del>
<u></u>	Flori	da
	Ciņ	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as y being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.,	Lam familiar with and S. Or, if this document is

if Changing Registered Agent, Signature of New Registered Agent

Dorusign Envelope ID: 54750297-4550-4201-3250-70D29508A810 It 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
MGR	GMF GROUP FUND II HOLDINGS, LLC	315 E. ROBINSON ST STE 600	
		ORLANDO, FL 32801	Remove
MGR	GMF GROUP FUND II HOLDINGS	315 E. ROBINSON ST STE 600	□ Change
	H, LLC	71.1 E. RODINSON ST 3112 000	Add
		ORLANDO, FL 32801	TRemove
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ecord specifies a delayed effect	we date, but not an effective time, at 12.01 a i	m on the earlier of, (b). The 90th day after th
is filed.		
	2024	
October	2024	
october		
nted October  GIBNEL MANNE		Rive of a member

Filing Fee: \$25.00