To: +18505176381



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H210003686513)))



H210003686513ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KURKIN FOREHAND BRANDES, LLP.

Account Number : I20090000016

Phone : (850)391-5060 Fax Number : (850)391-2645

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MRII SANTA MARIA 4302, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DELOCT - 1 PM 1: 36



Kurkin Forehand Brandes

From: -Kurkin Forehand Brandes -

2021-10-01 19:47:22 GMT Kurkin For (((**H21000347500 3**)))

COVER LETTER

	gistration Sec vision of Corp						
SUBJECT:	MR11 Santa Maria 4302, LLC						
		Name of Limited Liability Company					
٠.							
The enclosed	1 Articles of A	mendment and fee(s) are submitted for filing.					
Please return	all correspon	dence concerning this matter to the following:					
		Alex Kurkin, Esq.					
	• •	Name of Person					
• • • • • •	*	runo di Cigari					
		Kurkin Forehand Brandes LLP					
	•	Simultanaan.					
		Firm/Company					
		18851 NE 29th Avenue, Suite 303					
		Address					
		Aventura, FL 33180					
. •		City/State and Zip Code					
•		akurkin@kfb-law.com					
•		E-mail address: (to be used for future annual report notification)					
For further in	formation con	cerning this matter, please call:					
Stacy Santiag	go	305 929-8503					
	Name of P	erson Area Code Daytime Telephone Number					
	•	Sayina telephone (value)					
Enclosed is a	check for the t	following amount:					
. ≡ \$ 25.00 Fi	ling Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,					
		Certificate of Status Certified Copy Certificate of Status &					
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)					
		(Lactionia copy is the lastly					

Mailing Address;

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Fl. 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRH SANTA MARIA 4302 LLC

	· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	y were filed on June 22, 202	and assigned .
Florida document number <u>L21000288996</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MRH Santa Maria 4702, LLC		
The new-name must be distinguishable and contain the words "Limited Liab.	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	*	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_	
	 ·· ·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>c</u>	nter the name of the new registered
New Registered Office Address:		
rest registered office Address.	Enter Florida street ac	ldress
		T'1 * 1
	City	, Florida
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 paccept the obligations of my position as registered agent as posing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	, and I am familiar with and 05. F.S. Or if this document is
If Chan	ging Registered Agent, Signatu	
	end means a referred pictures	A STATE WREIGHT A STATE OF THE
		95

			((I	H21000368651 3))	, , , , , , , , , , , , , , , , , , ,
lf amendin or removed				nage, enter the title, name, and address of ea	•
	Janager Authorized Member		٠,		
<u>Title</u>	<u>Name</u>		· ·.	Address	Type of Action
					□Add
					□Remove
					□Change
					□Add
					□Remove
					Change
<u>.</u>					DAdd
					□Remove
					□Change
					□Add
					□Remove
					Change
 -		_			🗆 Add
	·			· · ·	Remove
					□ Change
					□Add
					□Remove
					Change

(((H210003686513))

						
					<u> </u>	_
 						
					<u></u>	_
			<u> </u>	<u></u>		
				<u> </u>	<u> </u>	_
					-	
		- · · · · · · · · · · · · · · · · · · ·	<u> </u>		•	
,						
					· · · · · · · · · · · · · · · · · · ·	
		<u>.</u>	·	 		
						_
						_
						_
			 			_
ective date, if other than the deflective date is listed, the date must be	late of filing:	t be prior to date	of filing or more the	option:	al) ing) Pursumet to 6	เกร ควกว
e: If the date inserted in this blocument's effective date on the Dep	ck does not meet th	he applicable sta	tutory filing requ	uirements, this di	ate will not be l	isted as
•	attineill of State 2					
cord specifies a delayed effective	date, but not an eff	fective time, at	12:01 a.m. on the	carlier of: (b)	The Oth day at	des the
filed.	·	,		()		75
September 16	<i>√</i> 2 h2				<u>;</u>	130
ed	//				155. ••	<u>_</u>
/	K	7			E.	PM
SI SI		· ·				
	ignature of a merube	r or authorized re	presentative of a tr	nember	STATE	ا ن: ع: