O 11/29/2022 7:41 AN. 11/29/22, 10:40 AM

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

: (561)214-8442 Fax Number

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 MHP PRESERVE DEVELOPER, LLC

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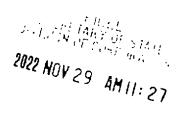
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Electronic Filing Menu Corporate Filing Menu

Help

<u>:</u>:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MHP PRESERVE DEVELOPER, LLC			
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liabi		were filed on 08/17/2021	and assigned
lorida document number L21000368919	 '		
his amendment is submitted to amend the followi	ing:		
. If amending name, enter the new name of th	e limited liab	ility company here:	
I/A			
he new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable	le:	N/A	
Principal office address MUST BE A STREET A	<u>ADDRESS)</u>		
		N/A	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
3. If amending the registered agent and/or registered agent and/or the new registered office address b	istered office : <u>here</u> :	address on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	<u></u>	Enter Florida street ade	dress
			Florida
		,	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	MHP DEVELOPERS X, LLC	777 Brickell Avenue, Ste 1300	
		MIAMI, FL 33131	□Remove
			□Add
			Remove
			Change
4000			□Add
			□Remove
			Change
	·····	□Remove	
			Change
			Remove
			Change
			□Add
			□Remove

	, enter change(s) nere:	(Attach additional sheets	if necesting. NOV 20
amending any other information. N/A			

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		-	
			
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ffective date, if other than the da	e of filing:	1	(optional)
fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicat	ole statutory filing requiren	ents, this date will not be listed as
record specifies a delayed effective da d is filed.	te, but not an effective tim	ie, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
Dated November 29th	2022		
Dated	·	- ·	
10.0		ized representative of a memb	

Filing Fee: \$25.00