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To:

15612148442

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (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.\*\*

<b>Email</b>	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MJHS FL SOUTH PARCEL GP, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJHS FL South Parcel GP, LLC	•			
(Name of the Limited Liability Com (A Florida Limite	i <del>pany as if now appears on our recor</del> id Liability Company)	<b>ds.</b> )	2021	
The Articles of Organization for this Limited Liability Compar	,	and ass	igned	
Plorida document number L21000371336	;-	- 63 - 63 - 63		
his amendment is submitted to amend the following:		· · · · · · · · · · · · · · · · · · ·		
. If amending name, enter the new name of the limited lis	DRICA	11: 54	المسا	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" or the abbrev	iation "L.	L. <b>C</b> ."
nter new principal offices address, if applicable:	ţ			
Principal office address MUST BE A STREET ADDRESS)				
			· · · · · · · · · · · · · · · · · · ·	
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter	the name of	the new	regist
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		orida		
	City	2	ip Code	

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

THE STATE OF STATE OF

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

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>	Name	Address	Type of Action
MGR	Douglas Gardens Holding Corp, Inc	5200 N.E. 2ND AVENUE MIAMI, FL 33137	□Add
			□Remove
			Change
<del></del>			□Add
			□ Remove
			Change
	<del>-</del>		□Add
			□Remove
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			Change

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***	
ffective date, if other than the date of filing:	(
an effective date is listed, the date must be specific and cannot be prior	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the application	able statutory filing requirements, this date will not be listed:
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective till is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated August 26	
	<u> </u>
ated	
Musika I	

F111 F2 -----

Typed or printed name of signee