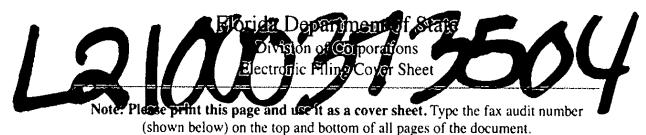
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Fax Number : (561)214-8442

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MHP FL SOUTH PARCEL SLP, LLC

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

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10L 20 2023 T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION * OF

MHP FL SOUTH PARCEL SLP, LLC (Name of the Limited Liability Comp	pany as it now appears on our records.)	
(A Florida Limsted	eany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	r 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)		~ <u>~</u>
		•
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new regist
agent and/or the new registered office address here:) 1-
		=
Name of New Registered Agent:		2:
New Presistered Office Address		õ
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	City	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
MGR	Shear Holding, LLC	777 Brickell Avenue, STE 1300, Miami, FL 33131	_ DAdd
			□Remove
			_ = Change
MGR W.	W. Patrick McDowell 2001Trust	777 Brickell Avenue, STE 1300, Miami, FL 33131	□Add
			□Remove
			_ = Change
MGR	Archipelago Housing II, LLC	157 Columbus Ave., STE. 527, New York, NY 1002.	3 ■Add
		<u>. </u>	_ 🗆 Remove
			_ Change
AMBR	AMBR Archipelago Housing, LLC	157 Columbus Ave., STE. 527, New York, NY 1002:	3 □ Add
		_ 🗏 Remove	
			Change
		_ 🗆 Add	
			_ 🗆 Remove
			_ □Change
		_ □Add	
			_ 🗆 Remove
			_ □Change

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ffective date if other than the	date of filing:		(antic	anal)
ffective date, if other than the an effective date is listed, the date must iote: If the date inserted in this blocument's effective date on the D	ock does not meet the app	blicable statutory fil	more than 90 days after ing requirements, this	filing.) Pursuant to 605.0207 date will not be listed as
		e time, at 12:01 a.m	i, on the earlier of: (b)	The 90th day after the
record specifies a delayed effectiv f is filed.	e date, but not an effectiv			
d is filed.		·		
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d is filed.		uthorized representati	7 ve of a member	