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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : H & CO, LLP Account Number : I20150000089 Phone : (305)444-8800 Fax Number : (305)444-4010

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



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MISSONI1702, LLC

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10 S & 2023 Help L LEIGHEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| i | OF | . | * |
|---|--|---------------------------------------|---------------------------------------|
| | MISSON11702 LLC | ₽ | |
| (Name of the Limite | ed Liability Company as it now appe A Florida Limited Liability Company | ears on our records.) | |
| (| A Florida Limited Liability Company | 7) | |
| ne Articles of Organization for this Limited Lie | ability Company were filed on_ | 08/23/2021 | and assigned |
| orida document number L21000377576 | · · · · · · · · · · · · · · · · · · · | | |
| nis amendment is submitted to amend the follo | wing: | | |
| If amending name, enter the new name of | the limited liability company | <u>bere</u> : | |
| MB 1 | 702, LLC | | |
| e new name must be distinguishable and contain the wo | ords "Limited Liability Company," the | designation "LLC" or the ab | breviation "L.L.C." |
| nter new principal offices address, if applica | ble: | | |
| rincipal office address MUST BE A STREET | (ADDRESS) | | |
| | | | |
| | | | |
| iter new mailing address, if applicable: | | | |
| Jailing address MAY BE A POST OFFICE B | ann — | | |
| anny quaress MAT BEAT OST OTTICE II | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
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| If amending the registered agent and/or re | gistered office address on our | records, enter the nam | e of the new registe |
| ent and/or the new registered office address | | / | |
| | | | |
| Name of New Registered Agent: | | | |
| • | | `_ | 22 |
| New Registered Office Address: | Enter 61 | orida street oddress | 1.5 |
| | 200007 | or included districts | |
| | | , Florida | Zip Code |
| | City | | Zip Code |
| | | | |
| w Registered Agent's Signature, if changing Re | gistered Agent: | | PH |
| w Registered Agent's Signature, if changing Re ereby accept the appointment as registered ovisions of all statutes relative to the proper | agent and agree to act in this | | ee to comply with |

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|--|-------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| | nending any other information, enter change(s) here: Attach additional sheets, it necessary i |
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| (If an a | effective date, if other than the date of filing: |
| Note docu | 2. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed, ment's effective date on the Department of State's records. |
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| he rece | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the |
| ord is | |
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| Dated | 06/24/2023 |
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