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From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 : (407)425-7010

Fax Number : (407)425-2747

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARIETTA MHC, LLC

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K. SALY

DEC 19 2024

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TO:	Registration S Division of Co			
emone		ΓA MHC, LEC		
SUBJEC	,1:	Name of Lim	ited Liability Company	, <u></u>
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing	
		ondence concerning this matter		
		D. Scott Baker		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Zimmerman Kiser Sutclift	ře, P.A.	
			Firm/Company	<del>.</del>
		315 E. Robinson Street, St	uite 600	
			Address	
		Orlando, Fl. 32801		
			City/State and Zip Code	
		corporate@zkslawfirm.con		
		E-mail address (	to be used for ruture annual report no	tification)
For furth	er information	concerning this matter, please c	all.	
Eileen S	oto, Legal Assi	stant	407 425-7010	
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Enclosed	las a check for t	the following amount.		
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Tallahassee, FL 32303

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# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 DEC 18 PM 4: 10
TALLAHASSEE, FLORIGI

MARIETTA MHC, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000310042</u> .	y were filed on <u>09/16/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	orlity Company," the designation "LLC" or	the abbreviation "I. I. C "
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		- <del></del> -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address.		
	Enter Florida street address	
	, Florid	a
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

Docusion Enverses ID: 54760297 A650-4201-82ED-7DD29E08A810 in amenoing Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	GNF GROUP FUND II HOLDINGS, LLC	315 E. ROBINSON ST STE 600	
		ORLANDO, FL 32801	<b>₩</b> Remove
			□ Change
MGR	GMF GRÖUP FUND II HÖLDINGS II, LLC	315 E. ROBINSON ST STE 600	<b>=</b> Add
-		ORLANDO, FL 32801	🗀 Remove
			□Change
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Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	ne specific and cannot be prior to dick does not meet the applicable	ate of filing or more than 90 d		
the record specifies a delayed effective cord is filed.	date, but not an effective time,	at 12.91 a.m. on the earli	er of. (b) The 90th day	after the
Dated October	2024			
GIBBEL MONERLED				_
<u> </u>	ignature of a member or authorize	d representative of a member	i	

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