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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 Fax Number : (561)214-8442

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

| Email | Address: | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MHP FL XII SLP, LLC

| Certificate of Status | 0 |
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DEC 5.5 2015

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MHP FL XII SLP, LLC | | | | | | |
|--|---|---|--|-----------------------------|------------------|-----------------|
| (Name of the Limi | ited Liability Compa (A Florida Limited I | ny a <u>y it now app</u> iability Compan | ears on our records.) | | | |
| The Articles of Organization for this Limited L Florida document number <u>L21000429087</u> | Liability Company | were filed on | 09/30/2021 | and a | issigne | ed |
| This amendment is submitted to amend the following | lowing: | | | | | |
| A. If amending name, enter the new name of | of the limited liab | lity company | here: | | | |
| N/A | | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," th | ie designation "LLC" or the | abbreviation " | L.L.C. | |
| Enter new principal offices address, if applie | cable: | N/A | | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | | | |
| | | | | | | |
| | | | | | | |
| Enter new mailing address, if applicable: | | N/A | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | | | |
| | | | | | ···· | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | • | ddress on ou | r records, <u>enter the na</u> | me of the n | ew res | <u>zistered</u> |
| Name of New Registered Agent: | N/A | | 2 | لق | ^- | |
| | | | | ς, | 7022 (| |
| New Registered Office Address: | | Enter I | Florida street address | | | - |
| | | | . Florida | | 21 | ř- |
| | | City | | Zip Cod | <u>, _</u> | C |
| New Registered Agent's Signature, if changing | Registered Agent: | | | 5. | ت | |
| I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this | oer and complete istered agent as p registered office | performance rovided for it | of my duties, and Lam n Chapter 605, F.S. O | familiar w r, if this do | eith an cumen | rd – |

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. Manager | W. PATRICK MCDOWELL 2001 TRUST | 777 Brickell Avenue, Ste 1300 | □Add |
| | | Miami, FL 33131 | □Remove |
| | | | ≅ Change |
| MBR, Manager | ARCHIPELAGO HOUSING, LLC | 777 Brickell Avenue, Ste 1300 | ≣ Add |
| | | Miami, FL 33131 | □Remove |
| | | | □Change |
| MBR, Manager | SHEAR HOLDINGS, LLC | 777 Brickell Avenue, Ste 1300 | ■Add |
| | | Miami, FL 33131 | □ Remove |
| | | | □Change |
| | | ······································ | □Add |
| | | | □Remove |
| | | | □Change |
| | **** | | □ Add |
| | | | □ Remove |
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| N/A | tion, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| (If an effective date is listed, the date must | date of filing: | 0207 (3) d as the |
| f the record specifies a delayed effective ecord is filed. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | the |
| Dated December 21st | . 2022 | |
| - Ilml | | |
| | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00

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