

L21 000 531 836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

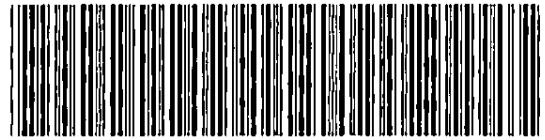
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100402194521

02/15/23--01009--004 **25.00

RECEIVED
FEB 15 2023
10:54
FBI/DOJ



MELANIE A. ALLEN

E-mail: mallen@brunini.com
Direct: 601.973.8738

The Pinnacle Building, Suite 100
190 East Capitol Street
Jackson, Mississippi 39201
Telephone: 601.948.3101

Post Office Drawer 119
Jackson, Mississippi 39205
Facsimile: 601.960.6902

February 14, 2023

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

VIA FEDEX

Re: Ref No. L21000531836
MMI GAIN PROPCO, LLC Articles of Amendment to
MMI GAIN PROPCO I, LLC

Dear Sir or Madam:

Enclosed you will find our check in the amount of \$25.00 for filing fees of the enclosed Articles of Amendment pertaining to the above.

Once filed, please return the filed copies in the enclosed FedEx envelope. Thank you for your assistance in this matter. Should you have any questions or concerns, feel free to contact me.

Sincerely,

BRUNINI, GRANTHAM, GROWER & HEWES, PLLC

A handwritten signature in black ink, appearing to read "Melanie A. Allen".

Melanie A. Allen
Legal Assistant

MAA/

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MMI GAIN PROPCO, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL E. WRIGHT

Name of Person

Firm/Company

100 E. Pine Street, Suite 110

Address

Orlando, FL 32801

City/State and Zip Code

Dave@mmi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVE BRIM

407

385-0664

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MMI GAIN PROPCO, 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 Company were filed on 12/17/2021 and assigned
Florida document number L21000531836.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MMI GAIN PROPCO I, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

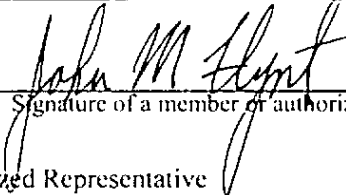
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

RECEIVED
TALLAHASSEE
FEB 15 4:10:54 PM

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 14, 2023



Signature of a member or authorized representative of a member

John M. Flynt, Authorized Representative

Typed or printed name of signee