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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations		·		
SUBJECT:	MAGGIE VALLEY/MOS	SKOW MIAMI, LLC		•	
	Name of Lin	nited Liability Company		•	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
		Jane Taylor			
		Name of Person		_	_
				91 938	7 <u>0</u> 77
	. .	Firm/Company			1077 MAR 29
3400 SW 27th Avenue, Suite 10			Suite 1002	• • •	
Address			<u></u>	- 3SE	TO TK
		Miami, FL 33133		STA	PM 4: 05
	City/State and Zip Code			— <u> </u>	ညှ
	E-mail address:	(to be used for future annual report not	ification)		
For further informatio	on concerning this matter, please of	-	,		
Jane Tayl	lor	_{at (} 305) 972-499	9		
	ne of Person		ne Telephone Numb	er	
Enclosed is a check for	or the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status ed Copy tal copy is enclos	
Mailing Add		Street Address:			
Registratio Division of	on Section f Corporations	Registration Se Division of Co			
P.O. Box 6327		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGGIE VALLEY/MOSKOW MIAMI, 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 February 7, 2022 and assigned Florida document number L22000064265 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAGGIE VALLEY/TAYLOR, 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 agent and/or the new registered office address here: -05

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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
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			Remove
			□Change
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	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th	day aft	er the
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Filing Fee: \$25.00