KZZCCCCZZ8573

(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:





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FILED
2022 JUN-6 PM 4: 24
SECRETARY OF SIME



COVER LETTER

TO: Registration Se Division of Cor				
60 EAST 5	5TH ST 30B, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MICHELSA CALDERON	ı		
		Name of Person		
	c/o Trivest Partners			
		Firm/Company		
	550 S. Dixie Highway, Su	ite 300		
		Address		
	Coral Gables, FL 33146			
		City/State and Zip Code		
	mcalderon@trivest.com	to be used for future annual report no	Alfantian)	
For further information of	concerning this matter, please c	•	arreadon)	
Michelsa Calderon		305 858-2200 at ()		
Name o	f Person		me Telephone Number	
Enclosed is a check for the	he 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 Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

s it now appears on our records.) lity Company)	
re filed on	and assigned
company here:	
Company," the designation "LLC" or t	he abbreviation "L.L.C."
	The second secon
	ATT
	SSE PH III
	F.S.
	Fire F
ress on our records, enter the	name of the new register
	<u>. </u>
Entay Florida struct address	
Emer Florida sireet address	
	s it now appears on our records.) lity Company) re filed on

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.

City

If amending Authorized Person(\$) 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	Miriam Templeton	550 S. DIXIE HWY #300	
		CORAL GABLES, FL 33146	■ Remove
			□Change
MGR	MCT Management, LLC	550 S. DIXIE HWY #300	Add
		CORAL GABLES, FL 33146	□Remove
			□Change
			□ Add
			TALLAHASSEE, FLORING
			□ Remove
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ffective date, if other than t	ha data of Glings		(optional)
an effective date is listed, the date r	oust be specific and cannot be prior to block does not meet the applicab		nys after filing.) Pursuant to 605,0207
ocument's effective date on the		ne statutory ining requiremen	its, this date will not be listed as
			()
record specifies a delayed effect is filed.	tive date, but not an effective time	e, at 12:01 a.m. on the earlie	rof: (b) The 90th day after the
May 26	2022		
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1 1117	7 W U - U - U U W C		

Typed or printed name of signee