L22000 251476

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COVER LETTER

	OPERTY THREE LLC		
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ROXANA DIAZ		
	***	Name of Person	
	enclosed Articles of Amendment and fee(s) are submitted for filing. See return all correspondence concerning this matter to the following: ROXANA DIAZ Name of Person		
		Firm/Company	
	999 BRICKELL AVE. ST	E 820	
	<u> </u>	Address	
	MIAMI, FL, 33131		2022 NOV 2 1 SECRETAL TO A
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report notification)	Š
For further information	n concerning this matter, please co	all:	
ROXANA DIAZ			
Nan	ne of Person		
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	-	Certified Copy Certified Copy is enclosed Certified Copy is enclosed Certified Certified Certified Copy is enclosed.	00 Filing Fee, ifficate of Status & iffied Copy tional copy is enclosed)
Registratio	on Section	Registration Section	
	-	<u> </u>	
		2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

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

MC	PRO	PERT	'V TH	RΙ	11.	1.1	\mathcal{C}
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(Name of the Lin	(A Florida Limited l	iny as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Florida document number 1.22000251476	Liability Company	were filed on $\frac{06/01/2022}{}$	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		999 BRICKELL AVE	
(Principal office address MUST BE A STRE	EET ADDRESS)	SUITE 820	
		MIAMI, FL 33131	2
Enter new mailing address, if applicable:		999 BRICKELL AVE	177 T 22 HOV ECRET
(Mailing address MAY BE A POST OFFICE	E BOX)	SUITE 820	. 2
		MIAMI. FL 33131	-p
B. If amending the registered agent and/or agent and/or the new registered office addr	~	address on our records, <u>s</u>	enter the name of the new registere
Name of New Registered Agent:	CORPAG REC	GISTERED AGENTS (USA	.), INC.
New Registered Office Address:	999 BRICKEL	L AVE, SUITE 820	
1 to the state of the or that the		Enter Florida street	address
	MIAMI		
		City	Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			SECRETOR OF THE PROPERTY OF TH
			□Remove
			☐ Change
			□Add
		. .	□Remove
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			Remove
			□ Change

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			_11 	- 9
If an ef Note:	ive date, if other than the date of filing: (option fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 1f the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.	onal) — [filing.) Pürsu date will n	ant to 60 ot be lis	5.0207 (3 ited as th
ne recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) led.) The 90th	day aft	er the
	November 14th . 2022.			
Dated	November 14- 2022.			
Dated	NOW MBV 14			
Dated	Signature of a member or authorized representative of a member			

Filing Fee: \$25.00