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| (F | Requestor's Name) |
|------------------------|-------------------------|
| | Address) |
| (A | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (8 | Business Entity Name) |
| (E | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
| | |
| | J. HORNE |
| | JUL 28 2022 |
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Office Use Only



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2022 JUL 27 AM 9: 45 2022 JUL 27 AM 9: 45 2022 JU SECRETARY OF STAN TALL AHASSEE, FLORE

7027 JUL 27 AM 9: 45

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

| Phone: 850-558-1500 |
|---|
| ACCOUNT NO. : I2000000195 |
| REFERENCE : 835817 5156901 |
| AUTHORIZATION : |
| COST LIMIT : \$125.00 |
| ORDER DATE : July 26, 2022 |
| ORDER TIME : 8:34 AM |
| ORDER NO. : 835817-005 |
| CUSTOMER NO: 5156901 |
| DOMESTIC AMENDMENT FILING NAME: MIHHPC, LLC |
| EFFECTIVE DATE: |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Alexxis Weiland EXT# |

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIHHPC, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Flor | ida Limited Liability Company) | |
|--|---|--|
| The Articles of Organization for this Limited Liability | Company were filed on 7/7/2022 | and assignof |
| Florida document number 122000300246 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "I | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or register | ad affin address an arrange and | and the same of th |
| agent and/or the new registered office address here: | ed office address on our records, en | ter the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ada | tress |
| | | Florida |
| | City | Florida 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 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 |
|--------------|----------------|-----------------------|----------------|
| MGR | Vicente Castro | 9705 SW 108th Terrace | ≣Add |
| | | Miami. Florida 33176 | |
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| an effective date lote: If the dat | if other than the date of filing: | 20' l as |
| record specifie is filed. | s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the | he |
| ated July 15 | 2022 | |
| | MMA | |
| | Signature of a member or authorized representative of a member | |
| | | |
| | Robert Hotaling | |

Filing Fee: \$25.00