

L22000314406

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

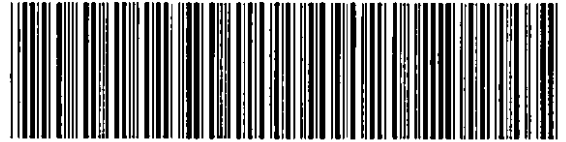
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TERRY AND FRAZIER, P.A.

ATTORNEYS AND COUNSELORS AT LAW
125 EAST JEFFERSON STREET
ORLANDO, FLORIDA 32801

T. SCOTT FRAZIER
DAVID E. TERRY

TELEPHONE (407) 843-1956
FAX (407) 843-4210
David@terryandfrazier.com
Scott@terryandfrazier.com
terryandfrazier@terryandfrazier.com

September 11, 2023

Via Federal Express
#8167 6916 4187

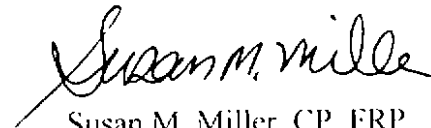
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Articles of Amendment for MMI LEEVISTA PROPCO LLC

Dear Clerk:

Enclosed herewith please find Articles of Amendment to Articles of Organization for MMI Leevista Propco LLC, along with our firm's check in the amount of \$25.00 representing the filing fee for same.

Very truly yours,



Susan M. Miller, CP, FRP
Certified Paralegal / Florida Registered Paralegal

SMM/hs
Enclosures

C:\Users\Terry\Documents\SUSAN\Clients\MMI - Lee Vista\LT Div of Corporations re Articles of Amendment.docx

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MMI LEEVISTA 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:

DAVID E. TERRY, ESQ.

Name of Person

TERRY AND FRAZIER, P.A.

Firm/Company

125 EAST JEFFERSON STREET

Address

ORLANDO, FL 32801

City/State and Zip Code

ROB@MMI.COM

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

For further information concerning this matter, please call:

DAVID E. TERRY

407 843-1956

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 LEEVISTA 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 July 14, 2022 and assigned
Florida document number 122000314406.

This amendment is submitted to amend the following:

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

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

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 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> |
|--------------|-------------------------|---|--|
| MGR | Michael E. Wright | | <input type="checkbox"/> Add |
| | | 100 E. Pine St., Suite 110, Orlando, FL 32801 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | MMI LEEVISTA TEAMCO LLC | 100 E. Pine St., Suite 110, Orlando, FL 32801 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| PRES | Michael E. Wright | 100 E. Pine St., Suite 110, Orlando, FL 32801 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

The Company shall be member-managed, and not manager-managed.

The Company will have officers. The initial officers are Michael E. Wright, President, Secretary, and Treasurer.

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 September 11, 2023

Signature of a member or authorized representative of a member

MICHAEL E. WRIGHT, Manager of MMI LEEVISA TEAMCO LLC, Member

Typed or printed name of signer