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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Morrison Flagler Development, 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: |
| Roberto Gorgalez. Name of Proson |
| Morrison Flegler Development LLC Fig. Company |
| 941 West Morse Baulevard, Suite 100 |
| City/State and Zip Code Nobert I realto a yakor. com E-mail address: (to be used for future applied report notification) |
| Robert I realto @ yakoo . com F-mail address: (to be used for future angual report participation) |
| For further information concerning this matter, please call: |
| Area Code Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu |

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

| Massison Fligh ! | Development, LLC |
|---|--|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number 4220037456.5 | were filed on $\frac{8/25/2022}{2022}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | |
| //A The now name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A. |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | From Plant de constant de cons |
| / | Enter Florida street address |
| | , Florida City Zip Code |
| | Sap Sout |

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> | Address . | Type of Action |
|--------------|-------------------|---|----------------|
| AMBR | GEORGINA M. MARTY | 12396 SW 6/ST Place Rd OCALA, FL 34481-4120 | Add |
| | 30 /0 SHAREHOLDER | OCALA, FL 34481-4120 | □Remove |
| | | | 🗆 Change |
| MGR | ROBERTO GONZMEZ | 941 West MORSE Blud | □Add |
| | 70 /0 SHAREHOLDER | 941 West MORSE Blud SUITE 100 WINTER PARK, FC 32789 | □Remove |
| | | | _ Change |
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| If an effective dat Note: If the dat | if other than the date is listed, the date must be the inserted in this block ective date on the Department. | specific and cann does not meet t | the applicable s | | | |
| e record specifi rd is filed. | es a delayed effective da | te, but not an e | ffective time, a | 12:01 a.m. on the | earlier of: (b) Th | e 90th day after the |
| | anuary 17 | | 2024 | | | |
| Dated | | / \ | | | | |
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Filing Fee: \$25.00