K22000421612

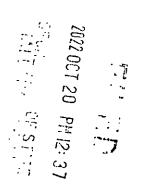
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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A. BUTLER
JAN 17 2023

COVER LETTER

Div	ision of Corp	oorations			
SUBJECT:	MBA Devel	opment Partners of Florida, L	.LC		
SODJECT.		Name of Lin	nited Liability Company		
The	العمدانية	Annual Contact and Contact and an area	and the little		
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for fitting.		
Please return	all correspor	idence concerning this matter	to the following:		
		Mario Caprini, Registered	Agent		
			Name of Person		
		MBA Development Partne	ers of Florida, LLC		
			Firm/Company		
		876 Alamanda Street			
			Address		
		Boca Raton, FL 33486			
			City/State and Zip Code		
		mcaprini@capitalgroupusa			
		E-mail address: (to be used for future annual repor	rt notification)	
For further in	formation co	ncerning this matter, please c	all:		
Mario Caprin	ii		954 806-25	46	
	Name of	Person	Area Code D	aytime Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	\$60.00 Filin Certificate (Certified Co tadditional cop	of Status & opy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

2022 OCT 20 PH 12: 37

MBA Development Partners of Florida, 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 9/28/2022	and assigned
Florida document number L22000421612		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LI	LC" 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 a agent and/or the new registered office address here:	ddress on our records, <u>ent</u> c	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	, I	Florida
	Citv	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MBA Development Group, Inc	1100 S. Federal Highway	= Add
		Deerfield Beach, FL 33441	□Remove
			□Change
AMBR	CGHP Developments, LLC	888 SE 3rd Avenue.	= Add
		Suite 200	□Remove
		Fort Lauderdale, FL 33316	Change
			□ Add
			□ Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Add
			Remove
			□Change

-		
Effective date, if othe	er than the date of filing:	(optional)
Note: If the date insert	ted in this block does not meet the applicable statutory.	filing requirements, this date will not be listed as
document's effective da	ate on the Department of State's records.	
r magand amagist as a data	and offering days have not up offering time at 12.01 a	and the stable of the The Ook day of the
rd is filed.	iyed effective date, but not an effective time, at 12:01 a	ini. on the earner of (b) The 90th day after the
	, /1	
10/17/2022		
Dated	//.// / /	
Dated	///// /// 🔭 🤝	
Dated		ativa at a mambar
Dated	Signature of a multiper or authorized representa	ative of a member

Filing Fee: \$25.00