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Division of Corporations

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From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : 119990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __corporate@zkslaw.com

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TO:						
en na		PALMS AS	ND PINES MHC, LLC			
SUBJEC	(, I: <u> </u>	Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing. D. Scott Baker						
Please re	eturn a	ll correspo	ndence concerning this matter	to the following.		
			D. Scott Baker			
				Name of Person	·	
			Zimmerman Kiser Sutclift	e, P.A.		
	Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. D. Scott Baket D. Scott Baket					
		PALMS AND PINES MHC, LLC PALMS AND PINES MHC, LLC Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing, unit all correspondence concerning this matter to the following. D. Scott Baket Name of Ferson				
			Orlando, Fl. 32801			
				City/State and Zip Code		
					f	
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For lufth	tet ink	ormation co	oncerning this matter, please of	aII.		
Eileen S	Soto, L	egal Assist	ant	407 425-7010 at ()		
		Name of	Person	Area Code Dayum	e Telephone Number	
Enclosed	l is a c	heck for th	e following amount			
₽ \$25	00 Fil	ing Fee	~.	Certified Copy	Certificate of Status & Certified Copy	
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P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PALMS AND PINES MHC, LLC

(Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company)

11/01/0000

The Articles of Organization for this Limited I	Liability Compan	iy were filed on 1170-9.	1044	and assigned
Florida document number 1.22000474216	······································			
This amendment is submitted to amend the fol	fowing:			
A. If amending name, enter the new name	of the limited lia	ability company here:		
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the designa	ation "LLC" or the abbrev	cation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and/or agent and/or the new registered office addre	**	e address on our record	ds, <u>enter the name o</u>	the new registered
Name of New Registered Agent:	N/A		-	
New Registered Office Address:		Enter Florida st	reet address	
			, Florida	
		Ciņ [.]		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.

Docus gn Envelope 1D, 54560297-A550-42C1-B2ED-7DD29E08A61C 11 amending Authorized rerson(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>	Type of Action
MGR	GMF GROUP FUND II HOLDINGS, LLC	315 E. ROBINSON ST STE 600	
		ORLANDO, FL 32801	≣Remove
			☐ Change
MGR	GMF GROUP FUND II HOLDINGS II, LLC	315 E. ROBINSON ST STE 600	Add
		ORLANDO, FL 32801	□Remove
			□Change
			SELECTION TO THE CONTRACT OF T
			EC JOHN PH L
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			□Change
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	st be specific and cannot be prior to date of fi lock does not meet the applicable statut	(optional) thing or more than 90 days after filing.) Pursuant to 608 0207 fory filing requirements, this date will not be listed as	
he record specifies a delayed effection ord is filed	e date, but not an effective time, at 12.0	01 a.m. on the earlier of, (b) The 90th day after the	
Dated October	2024		
GABREL MONFRE	Signature of a member or authorized repre		
	Signature of a member of authorized repre	esentative of a member	

Filing Fee: \$25.00