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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV -8 PM 1:51

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METRO PARC HIEALEAH III 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:

ALIRIO TORREALBA

Name of Person

METRO PARC HIEALEAH III LLC

Firm/Company

301 ALMERIA AVENUE SUITE 330

Address

CORAL GABLES FL 33134

City/State and Zip Code

yrojas@mgdeveloperiami.com

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

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SEC. OF STATE
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2023 NOV -8 PM 1:55
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLA
TALLAHASSEE, FL

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	ALIRIO TORREALBA	301 ALMERIA AVENUE SUITE 330	<input type="checkbox"/> Add
		CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MG MANAGER MIAMI LLC	301 ALMERIA AVENUE SUITE 330	<input checked="" type="checkbox"/> Add
		CORAL GABLES FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

(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 OCTOBER 30 2023

Signature of a member or authorized representative of a member

ALIRIO TORREALBA

Typed or printed name of signee