L22000525026

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
MAR - 6 2023				

Office Use Only



500403172865

2023 MAR = 3 AM Z: 3

NECHIVED



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MHQUIRE INVESTMENT PROPERTIES SIX	LLC
Please Debit 120000000257 For: 25	
Thank you Seth Neeley	
1	
- Hely	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
į	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:

Registration Section
Division of Corporations

MHQuire Investment Properties Six, LLC SUBJECT: 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: Brent A. Friedman Name of Person Brent A. Friedman, PA Firm/Company 78 SW 7th Street, 5th Floor Address Miami, Florida 33130 City/State and Zip Code brent@brentafriedman.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brent A. Friedman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MHQuire Investment Properties Six, 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 December 15, 2022 Florida document number ______L22000525026 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MHQuire Investments Properties Six, LLC 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 . Florida

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.

City

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

Title	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□Remove
			Change
	·	 	□Add
		_	□Remove
		-	Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

	 			
	, ,			
		- -		
				
· · · · · · · · · · · · · · · · · · ·	<u> </u>			·
· · · · · · · · · · · · · · · · · · ·				
				
<u> </u>	**			
te: If the date inserted in this	ne date of filing: ust be specific and cannot be prior block does not meet the applica Department of State's records.	able statutory filing req	(optional) an 90 days after filing.) Purs uirements, this date will	suant to 605.0207 not be listed as
cord specifies a delayed effect s filed.	ive date, but not an effective tin	me, at 12:01 a.m. on th	c carlier of: (b) The 90t	h day after the
ed	2023	<u> </u>		
Thiba	/ TOVENCT Signature of a member or autho	orized representative of a	member	
	and the invitor of ability			
Thibaut Gueant				

Filing Fee: \$25.00