Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : I19990000006 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.

RegisteredAgent@zksraservices.com



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Help

S. ROBERTS

JUN 14 2423

ARTICLES OF AMENDMENT .TO ARTICLES OF ORGANIZATION OF

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<u> </u>	********	******	******	*********	

(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were	: filed on March 28, 2023	and assigned
Florida document number 1.23000141487		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		· .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		:
		\(\frac{1}{2}\)
D. If any alice where we do not any down and a control of the second of		
B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ess on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Tity	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfacept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additions.	ormance of my duties, and I a ded for in Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

(((H230002123813)))

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>	Type of Action
MGR	MTN Managers, LLC	14407 SW 2nd Place, Suite F1	□ Add
		Newberry, Florida 32669	■Remove
			□Change
MGR Burton	Burton Capital Group, LLC	14407 SW 2nd Place, Suite F1	≣ Add
		Newberry, Florida 32669	□Remove
			□Change
MGR Stone Street Multifamily Group. In	Stone Street Multifamily Group, Inc	2687 Riverside Avenue	🗏 Add
		Merrick, New York 11566	□Remove
MGR Mosery Legacy, LLC	Mosery Legacy, LLC	4800 N. Federal Highway, Suite 301A	■ Add
		Boca Raton, Florida 33431	□Remove
			
			□Add
			□Remove
			Change
			□ Add
			□Remove
			ÜChange

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ote: If	e date, if other than the date of filing:
record s is filed	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
ated	6/13/2023 7:49 PDT
	Docusigned by:
	Signature of a member or authorized representative of a member
	Charles Taylor

Filing Fee: \$25.00

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