## Florida Department of State

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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

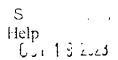
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail	Address:		 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MKZ 55 BROWARD, L.L.C.

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MKZ 55 BROWARD, L.L.C.		
(Name of the Limited (A	Liability Company as it now appears A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab	bility Company were filed on $\frac{03/2}{1}$	3/2023 and assigned
Florida document number L23000148814		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company her	ē:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	- <del>"</del>
Principal office address MUST BE A STREET	ADDRESS)	
	<del></del>	· ·
		•
Enter new mailing address, if applicable:	***************************************	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>	.>
	<del>.,</del>	
B. If amending the registered agent and/or reg		ords, enter the name of the new regis
agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a street address
New Registered Office Address:		a street address, Florida Zip Code

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, 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
MGR	MICHELLE Z. MARANGO	1245 COURT STREET	<b>X</b> Add
		CLEARWATER, FL 33756	: CIRemove
			□Change
MGR	ELLEN GILMORE	1245 COURT STREET	□Add
		CLEARWATER, FL 33756	X Remove
			E Change
		***************************************	ERemove
			Change
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	tive date, but not an effective t	ime, at 12:01 a.m. on the carlier c	if: (b) The 90th day after the
record specifies a delayed effect is filed.			
record specifies a delayed effect is filed.  October 16	2023		
October 16	2023 Clad	ortred representative of a member	

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