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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCP RESIDENTIAL DEVELOPERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

APR 18 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCP Residential Developers, LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on out tecords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/10}{100}$	0/2023 and assigned
Florida document number L23000169116	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	;
he new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~
Principal office address MUST BE A STREET ADDRESS)	
	530 Z
Inter new mailing address, if applicable:	ال الله الله الله الله الله الله الله ا
Mailing address MAY BE A POST OFFICE BOX	
	<u> </u>
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
J. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here: Name of New Registered Agent:	rds, enter the name of the new register
New Registered Office Address:  Enter Florida	street address
Disse 1 to the	
	, 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.

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

<u>Title</u>	Name	Address	Type of Action
MBR	SCOT, LLOYD W	2101 W COMMERCIAL BLVD, SUFTE 4800	□Add
		FORT LAUDERDALE, FL 33309	□ R <b>e</b> move
			\( \begin{align*} align*
MBR	LOPEZ, DANIEL	2101 W COMMERCIAL BLVD, SUITE 4800	
		FORT LAUDERDALE, FL 33309	□Remove
			<b>E</b> Change
MBR	OLESIEWICZ, PETER	2101 W COMMERCIAL BLVD, SUITE 4800	□Add
		FORT LAUDERDALE, FL 33309	GRemove
			= Change
			□ Add
			□Remove
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			□Change
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		2023 APR 17
		P# 12: 5
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L. Effective date, if other than to (If an effective date is disted, the date	he date of filing:  must be specific and cannot be prior to date of filing	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3
document's effective date on the	Department of State's records.	filing requirements, this date will not be listed as the
f the record specifies a delayed effection is filed.	tive date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
Dated 04/17	, 2023	
- J		
Table Process	Signature of a member or authorized represents	шиче от апредлост
John Perez, Attorney	in-Fact	

Filing Fee: \$25.00