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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

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

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

New Registered Agent's Signature, if changing Registered Agent:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MCP Residential Developers, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	······································
04/10/2023	and assigned
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 Company," the designation "LLC" or the a	bbreviation "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 namagent and/or the new registered office address here:	-
	2973
Name of New Registered Agent:	·
New Registered Office Address: Enter Florida street address	; -
, Florida	
City	Zip Cadie 🖙
New Registered Agent's Signature, if changing Registered Agent:	. 57

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 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
Member	Thomas S. Olesiewicz	2101 W Commercial Blvd, Suite 4800	= Add
		Fort Lauderdale, FL 33309	□ Remove
			Change
			□Add
			Change
			© Change
			□ Add
			□ Remove
			DChange
			□Add
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Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ick does not meet the applica	o date of filing or more that ble statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will no	int to 605.0207 it be listed as
record specifies a delayed effective	date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th of	day after the
d is filed.				
	2023	<u></u> •		
rd is filed. July 28th Dated	. 2023	<u>.</u> ·		

Filing Fee: \$25.00