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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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

ALCERMAIL Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCP MANAGER, LLC

Certificate of Status	0
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T. LEMIEUX

HelpUL 3 1 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCP Manager, 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 04/10/2023	and assigned
Florida document number L23000169600	
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 al	obreviation "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)	
agent and/or the new registered office address here:	ne of the new reginer.
Name of New Registered Agent:	
agent and/or the new registered office address here:	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	2023 July 15 PM
New Registered Office Address: Enter Florida street address	

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>	<u>Name</u>	Address	Type of Action
Member	TSO Residential LLC	2101 W Commercial Blvd, Suite 4800	≅ Add
		Fort Lauderdale, FL 33309	□ Remove
			□ Change
			□Add
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this becament's effective date on the I	lock does not meet	the applicable	ate of filing or more statutory filing re	(option than 90 days after frequirements, this	nal) iling.) Pursuant to 605.0 date will not be listed
cord specifies a delayed effecti s filed.	ve date, but not an e	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after t
July 28th	21	023			
ed	· · ·	·			
ed	· · · · · · · · · · · · · · · · · · ·	 SS)			
ed	Signature of a member	/	d representative of	a member	

Filing Fee: \$25.00