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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

	S S	யத்தோnual report mailings. Enter only one email address please.*
	9,	マンス Email Address:
22.28	7	60분의
ئيا	1.28	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
بنا		MCP MANAGER II, LLC
CL	2023	Certificate of Status

**Epter the email address for this business entity to be used for future

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

T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCP Manager II, LLC	hiller Company or It can always		
(A Flo	ability Company as it now appears of orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 04/10	0/2023 and ass	igned
Florida document number L23000171878	······································		
This amendment is submitted to amend the following	ţ;		
A. If amending name, enter the new name of the l	limited liability company here	2:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		• •	36
Enter new mailing address, if applicable:			<u> </u>
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>	<u></u>	, 44	
	 		•
B. If amending the registered agent and/or registe	erad office address on our rec	ands ontar the name of the new	To and
agent and/or the new registered office address her		ores, enter the hame of the new	- 10 <u>2</u> 1.
		` ~	~ ວ
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter Florida	a street 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 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	TSO Residential LLC	2101 W Commercial Blvd, Suite 4800	= Add
		Fort Lauderdale, FL 33309	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Change 🕴
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		~ dead desired and a second at 1980 date.	□Remove
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Fective date, if other than the on effective date is listed, the date must	date of filing:		(optional)	
n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior to ck does not meet the application	o date of filing or more than ble statutory filing requi	90 days after filing.) Pursuant to trements, this date will not be l	505.020 isted a
cument's effective date on the De				
and the state of the state of		ne, at $12:01$ a.m. on the ϵ	arlier of: (b) The 90th day a	iter th
cord specifies a delayed effective is filed.	date, but not an effective tir			
is filed.				
s filed.		_ ·		
ecord specifies a delayed effective is filed. ted July 28th		_· >		

Filing Fee: \$25.00