Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I2004000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

Email Address: rapporate@phyalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
≤ MIDTOWN PARK LLC

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DIVISION OF CORPORATIONS

TALL, FISEE FLORIDA

 Certificate of Status
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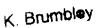
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Electronic Filing Menu

Corporate Filing Menu

Help

AUG 0 9 2023



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIDTOWN PARK LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this Liability Company value of Organization for Organization	were filed on 05/15/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Lumited Liability	ly Company," the designation "LLC" or the	abbreviation "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)		
THE PROPERTY OF STATE BOX	·	
3. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		23 A
	Enter Florida street address	FI DG - FI
	, Florida _ , City	Zur Gode
New Registered Agent's Signature, if changing Registered Agent:	(in)	Zipr Gode
ten registered regim a sugmanure, it enoughing registeren register		55 -

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to 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

Title	Name	Address	Type of Action
MGR	JARAMILLO, DANIEL	250 NE 25 STREET, SUITE 203	CJAdd
		MIAMI, FL 33137	🗏 Remove
			Change
MGR	SINISTERRA, TOMAS	250 NE 25 STREET, SUITE 203	
		MIAMI, FL 33137	■Remove
			Change
MGR	SP DEVELOPMENTS LLC	250 NE 25 STREET, SUITE 203	= Add
		MIAMI, FL 33137	□Remove
			□Change
MGR	CONTINUA DEVELOPMENTS LLC	250 NE 25 STREET, SUITE 203	≣ Add
		MIAM1, FL 33137	[]Remove
			□Change
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an effective <u>ote:</u> If th	late, if other the date is listed, the december of the date inserted in effective date of	late must be sper this block doc	cific and can es not meet	not be prior the applica	to date of filir	ng or more than y filing requi	(option 90 days after f rements, this	iling.)Pursuant (o 605,0207 c listed as
record spe is filed.	eciti es a delayed o	effective date,	but not an i	effective ti	ne, at 12:01	am on the c	arlier of: (b)	The 90th day	after the
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