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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 : (800)603-5868 Fax Number

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

RLOPS@PARASEC.COM Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCCA PROPERTY PARTNERS LLC

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24

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To:_18506176383 From: 19166105073 Date: 07/13/23 Time: 1:59 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCCA	Property Partners Ll					
	(Name of the Limited (A	Liability Company as i Florida Limited Liability	t now appea Company)	rs on our records.)		
	·		, =, ,			
The Articles of Organization	for this Limited Liab	ility Company were:	filed on	06/27/2023	and as	signed
Flonda document number _	L23000307120					
This amendment is submitte	d to amend the follow	ing.				
A. If amending name, ento	er the new name of th	e limited liability co	ompany he	ere:		
The new name must be distinguish	nable and contain the word	s 'Limited Liability Con	ipany, the d	esignation "LLC" or t	the abbreviation "L	L C
Enter new principal offices	address, if applicab	le:				
(Principal office address M	UST BE A STREET A	ADDRESS)				
						
Enter new mailing address	, if applicable:					
(Mailing address MAY BE A	A POST OFFICE BO	 (X)				
			-			
B. If amending the register	ed agent and/or regi	stered office addres	s on our re	ecords, enter the	name of the nex	v renistavan
agent and/or the new regist	ered office address h	ere:		the state of		v registeret
					, =	
Name of New Regi	stered Agent:				<u> </u>	<u>. </u>
New Registered Of	fice Address.				P:	t
			Enter Flor	ida street address	••	
				. Florida	. 24	
	_	Cit	ν-	, riorids	Zip Code	

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

. To: 18506176383 From: 19166105073 Date: 07/13/23 Time: 1:59 PM Page: 04/05

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	<u>Name</u>	Address	Type of Action
AMBR	Analyn Ford	905 Westport Lane	
		Vista, CA 92084	(XRemove
			□Change
AMBR	The Entrust Group	555 12th St, Suite 900	∆MAdd
		Oakland, CA 94607	□Remove
 .			□Add
			□Remove
			Change
			□Remove
			□ Change
			🗆 Add
			Петюче
			DChange
			□Add
			□Remove
			Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. July 10 Dated 2023 a viember or authorized representative of a member ANALYN FORD Typed or printed name of signee

To: 18506176383 From: 19166105073 Date: 07/13/23 Time: 1:59 PM Page: 05/05