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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000 Fax Number : (800)603-5863

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

Email Address: __RLOPS@PARASEC.COM

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Tp: 18506176383 From: 19166105073 Date: 09/13/23 Time: 4:34 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ANTICUE	3 OF ORGANIZATION	
	•	OF	•
		∌	
À	MCCA PROPERTY P	ARTNERS LLC	
-	(Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)	
	(7) 1 14 16	a Lindex Linday Searping)	
The Articles of	Organization for this Limited Liability (Company were filed on 6/27/2023	and assigned
Florida docum	ent number1.23000307120	<u>_</u> .	
This amendme	nt is submitted to amend the following:		
A. If amendin	ig name, <u>enter the new name of the lim</u>	aited liability company here:	
The new name me	ist be distinguishable and contain the words "Lin	aited Liability Company," the designation "LLC" or the	ne abbreviation "L. L. C."
Enter new pri	ncipal offices address, if applicable:		
•	<u>ce address MUST BE A STREET ADD.</u>	RESS)	
i i i i i i i i i i i i i i i i i i i	CC MANY CONT. INC. A. D. P.	· · · · · · · · · · · · · · · · · · ·	
			2013
Enter new ma	iling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
		d office address on our records, <u>enter the r</u>	rame of the new register
agent and/or t	he new registered office address here:		
<u>Name</u>	of New Registered Agent:		
<u>New </u>	Registered Office Address:		
		Enter Florida street address	
	<u></u>	, Florida	
		City	Zip Code

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

ż

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. Thereby confirm that the limited liability company has been notified in writing of this change.

. To: 18506175383 From: 19166105073 Date: 09/13/23 Time: 4:34 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Analyn Ford	905 Westport Lane	
		Vista, CA 92084	DRemove
			☐ Change
AMBR	The Entrust Group	555 12th St, Suite 900	□Add
		Oakland, CA 94607	<u> </u>
			© Change
		_	□ Add
			LIRemove
		 	🗆 Change
			DRemove
	,		Change
			🗆 🖸 Add
			TRemove
			'UC'nange
			∐Add
			Remove
			1 l Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 6Xf 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 Dated _ August 29 Signature of a member or authorized representative of a member ANALYN FORD Typed or printed name of signee

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