○ 09/07/2023 1:50 PM\_



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000314787.3)))



H230003147873ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

. .

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

...

ū5

E.

E n i. 513

L'ALLAND

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCP OWNER VI, LLC

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

Electronic Filing Menu Corporate Filing Menu



. . . . . . . . . . . . . . . .

1023 SEP -

PH 1:



9/07/2023 1:50 PM	15612148442	→ 18506176383	pg 2 of 4
	ARTICLES O	FAMENDMENT	
		то	
.,	ARTICLES OF	ORGANIZATION	,
	· ·	OF *	și. 🗭
MCP (	OWNER VI, LLC		
	( <u>Name of the Limited Liability Com</u> (A Florida Limite	<mark>pany as it now appears on our recor</mark> id Liability Company)	<u>ds.</u> )
The Articles of Orga	inization for this Limited Liability Compar	ny were filed on	and assigned
Florida document nu	imber <u>L23000396795</u>		
This amendment is s	abmitted to amend the following:		
A. If amending nar	me, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be d	fistinguishable and contain the words "Limited Lie	bility Company," the designation "LL	" or the abbreviation "L.L.C."
Enter new principa	l offices address, if applicable:		
(Principal office add	<u>dress MUST BE A STREET ADDRESS)</u>	<u> </u>	
		<u> </u>	
Enter new mailing	address, if applicable:		
	<u>AY BE A POST OFFICE BOX)</u>		

0

B. If amending the registered agent and/or registered office address on our records. <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:			2023 \$	
New Registered Office Address:				
	Enter Florida street address , <b>Florida</b>		7 PH	-E0 NOVEI
New Registered Agent's Signature, if changing Registered Age	('iņ	- All	Co <del>de</del>	\ \

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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

Title	Name	Address	<b>Type of Action</b>
MBR	W. Scot Lloyd	2101 W Commercial Blvd, Suite 4800	
		Fort Lauderdale, FL 33309	🖸 Remove
			□Change
MBR/MGR	MCP MANAGER VI, LLC	2101 W Commercial Blvd, Suite 4800	🖬 Add
		Fort Lauderdale, FL 33309	
			🗋 Change
MBR/MGR	MCP MANAGER V, LLC	2101 W Commercial Blvd, Suite 4800	🖸 Add
		Fort Lauderdale, FL 33309	E Remove
			🗆 Change
			🖸 Add
			🗆 Remove
			□ Change
. <u></u>			🗆 Add
			🗆 Remove
			🗆 Change
<u></u>			🗆 Add
			[] Change

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Note:	tive date, if other than the date of filing:(optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco record is f	rd 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 ifed.

Dated _	September 7th	
		ST.
		Signature of a member or authorized representative of a member
	Saray Djidji, Attorn	ey in Fact

Typed or printed name of signce