

M07000003617

Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2024 MAY 31 07:11:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRIM MEDLEY PALMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

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1. Name of limited liability Company as it appears on the records of the Florida Department of State: PRIM Medley Palms, LLC

Enter new principal office 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)*

2. The Florida document number of this limited liability company is: M07000003617

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/14/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: MP Medley Palms, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida**
City 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Matthew B Tracy
 Signature of the authorized representative

Matthew Tracy

 Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PRIM MEDLEY PALMS, LLC", CHANGING ITS NAME FROM "PRIM MEDLEY PALMS, LLC" TO "MP MEDLEY PALMS, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF MAY, A.D. 2024, AT 12:14 O'CLOCK P.M.

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JULIE J. HARRIS, CLERK OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

4369157 8100
SR# 20242307197

Authentication: 203559817
Date: 05-24-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
PRIM MEDLEY PALMS, LLC**

PRIM Medley Palms, LLC, a Delaware limited liability company (the "Company"), does hereby certify that:

- 1. The name of the Company is: PRIM Medley Palms, LLC
- 2. Article 1 of the Certificate of Formation of the Company is hereby amended and replaced in its entirety by the following:

Name. The name of the limited liability company formed hereby is:

MP Medley Palms, LLC"

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of May 20, 2024.

By: Matthew Tracy
Name: Matthew Tracy
Title: Authorized Person

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STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA