Division of Corporations

NO. 2117

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I1999000006 Phone : (407)425-7010 Fax Number : (407)425-2747

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BROMLEY SOUARE DEVELOPER, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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ėtio idzyr.		quare Developer, LLC		
SUBJECT:		Name of Lin	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
]	N. Dwayne Gray, Jr., Esq.	
			Name of Person	
		Zir	nmerman Kiser Sutcliffe, P.A.	
			Firm/Company	
		31	5 E. Robinson Street, Sulte 600	
			Address	
			Orlando, FL 32801	
			City/State and Zip Code	
			dgray@zkslawfirm.com	
Pau Grath :			to be used for future annual report not	ification)
ror intiner i	mormadon d	oncerning this matter, please c	au:	
			at ()	ne Telephone Number
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
☑ \$25 ,00]	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· (<u>N</u> a	Bromley Square Developer, LLC me of the Limited Liability Company as it now app (A Florida Limited Liability Company	pears on our records.)	
The Articles of Organization for the	nis Limited Liability Company were filed on	10/03/2014	and assigned
Florida document number	L14000156195	•	
This amendment is submitted to a	mend the following:		
A. If amending name, enter the	new name of the limited liability company	y here;	
			~
The new name must be distinguishable a	nd contain the words "Limited Liability Company." t	1, 4, 5, 5	Att a Management
Enter new principal offices addi	ress, if applicable:	(1× 27)	
(Principal office address MUST)	BE A STREET ADDRESS)		
		- m-	<u> </u>
		FS	Δ Ο
Enter new mailing address, if ap	plicable:	SRT AT	♣ •
(Mailing address MAY BE A PO	ST OFFICE BOX)	Öm >	Ω.
		4 - 3 -	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered registered agent and/or the new	agent and/or registered office address registered office address here:	on our records, enter t	he name of the new
Name of New Registered	Agent:		
New Registered Office A			
	Enter 1	Florida sıreet 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

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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>	Name	Address	Type of Action
Member	Glen Bamberger	1105 Kensington Park Drive	
		Suite 200	☐ Remove
		Altamonte Springs, FL 32714	D Change
Member	Ryan VonWeiler	1105 Kensington Park Drive	⊠Add
		Suite 200	
		Altamonte Springs, FL 32714	-
			Change
			Remove
			□ Change
_ _			D Add
			□ Remove
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AAA			
ective date, if other than the date of filing: affective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meer the amuent's effective date on the Department of State's r record specifies a delayed effective date, t	e applicable statutory filling re records.	quirements, this date	will not be listed:
he 90th day after the record is filed.			
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<i>n</i>	/	در سال	: 23
Sh F. En	£		
Signature of a niempy	for authorized representative of a	member S	
Gran F.	or anthorized representative of a	11 mm	
Gran F.	BAMBORGER	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7