

11/20/2018 5:24 PM

U4000156195

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H18000341440 3)))



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

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : 119990000006
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.

Email Address: jlagmay@wendovergroup.com

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COUNTY OF FLORIDA
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BROMLEY SQUARE DEVELOPER, LLC

Certificate of Status	0
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T. CLINE
DEC - 4 2018
EXAMINER

2018 DEC -3 AM 8:01

NOV. 30. 2010 5:24PM

NO. 7757 P. 2/5

COVER LETTER

(((H18000341440 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: BROMLEY SQUARE DEVELOPER, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following.

Amy E. Jellicorse, Esq.

 Name of Person
 Zimmerman Kiser Sutcliffe, P A

 Firm/Company
 315 E. Robinson Street, Suite 600

 Address
 Orlando, FL 32801

 City/State and Zip Code
 jlagmay@wendovergroup.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Jellicorse _____ at (407) _____ 425-7010
 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

RECEIVED
 2010 DEC -3 PM 4
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

(((H18000341440 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NO. 7757 P. 3/5
(((H18000341440 3)))

BROMLEY SQUARE DEVELOPER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/03/2014 and assigned Florida document number L14000156195.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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

RECORDED
2018 DEC -3 PM 1:11
ALLAHABAD, FLORIDA

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

NOV. 30, 2016 at 5:24 PM person(s) authorized to manage, enter the title, name, and address, NO. 7757, P. 4/5, being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

((H18000341440 3))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR and MBR	Jonathan L. Wolf	1105 Kensington Park Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change
MBR	Glen F. Bamberger	1105 Kensington Park Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change
MBR	Ryan S. Von Weller	1105 Kensington Park Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change
MBR	Harrison F. Wolf	1105 Kensington Park Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change
MBR	Sara E. Wolf	1105 Kensington Park Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 DEC -30 PM 4:47
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

((H18000341440 3))

[Lined area for amending information]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)

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 11-28 2016

Signature of a member or authorized representative of a member

Jonathan L. Wolf, Manager and Member

Typed or printed name of signer

DEPT. OF STATE
TALLAHASSEE, FL
2016 DEC -3 PM 1:47
1111