Division of Corporations Electronic Filing Cover Sheet

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(((H18000331956 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

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

Account Number : Il999000006 : (407)425-7010 Phone : (407)425-2747 Fax Number

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

Email Address: jlagmay&wendovergroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHFORD POINTE DEVELOPER, LLC

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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration Se Division of Co.			
	POINTE DEVELOPER, LLC		
SUBJECT:	Name of Limi	ted Liability Compeny	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	ondence concerning this matter (	to the following:	
	Amy E. Jellicorse, Esq.		
		Name of Person	<del> </del>
	Zimmerman Kiser Suteliffs	e, P.A.	
		Firm/Company	
	315 E. Robinson Street, Su	rite 600	A POPULATION OF THE PROPERTY O
		Address	
	Orlando, Florida 32801		\$85 \$85 <b>19</b>
		City/State and Zip Code	
	jlagmay@wendovergroup.c		
For further information	E-mail address: ( concerning this matter, please or	to be used for future annual report noti all:	heation)
Amy Jellicorse		407 425-7010	
Name	of Person		o Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fes & Certified Copy (additional copy is enclosed)	C \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. i	LINC ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURT Registration Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle

H16000331956 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ashford Pointe Developer, LLC	
(Name of the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 09/08/2. Florida document number L15000153435	0)5 and assigned
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	£# 6
	925 - F
The state of the s	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:	77
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	••
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the hame of the hev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida s	treet oddress
	, Florida
City	Zip Code

New Registured 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 affice 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

Title	Name	Address	Type of Action
GR and MBR	Jonathan L. Wolf	1105 Kensington Park Dr.	<b>□ A</b> dď
		Suite 200	
			□ Remove
		Altamocte Springs, Florida 32714	Change
MBR	Glen F. Bamberger	1105 Kensington Park Dr.	-
		G 1. 400	
		Suite 200	□ Remove
		Altamonte Springs, Florida 32714	😭 Change,
MBR Ryan S. Von Weller	Ryan S. Von Weller	1105 Kensington Park Dr.	Db/Q
	Suite 200	ASS CERTIFICATION	
	Altamonte Springs, Florida 32714		
MBR	Sara E. Wolf	1105 Kensington Park Dr	Add Add
		Suite 200	☐ Remove
		Altamonte Springs, Florida 32714	·····
MBR Harrison F. Wolf	Harrison F. Wolf	1105 Kensington Park Dr.	☐ Change
		Suite 200	
		Altamonte Springs, Florida 32714	CI Remove
MBR	Affordable Housing Institute, Inc.	2121 Camden Road	■ Change
	e are two identical listings for Affordable tute, Inc. as a member - please only	Suite B	■ Remove
	nd keep the other one.	Orlando, FL 32803	Change

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	-
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 do  Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	(optional)  ye after filing.) Pursuant to 605.0207 (3  nts, this date will not be listed as th
agesment a streethy a date on the population of plate a received.	
If the record specifies a delayed effective date, but not an effective time, at $\Omega$ (b). The 90th day after the record is filed.	2:01 a.m. on the earlier of:
Dated	
$()\omega$	
Signature of a member or authorized representative of a member	
Ionathan L. Wotf, Manager and Member	
Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00