

L15000153435

Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ASHFORD POINTE DEVELOPER, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Y SULLIVER  
OCT 15 2021



October 13, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ASHFORD POINTE DEVELOPER, LLC  
1105 KENSINGTON PARK DR  
SUITE 200  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: ASHFORD POINTE DEVELOPER, LLC  
REF: L15000153435

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt  
Regulatory Specialist III

FAX Aud. #: H21000380363  
Letter Number: 221A00024978

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASHFORD POINTE 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:

N. Dwayne Gray, Jr.  
\_\_\_\_\_  
Name of Person  
Zimmerman Kiser Sutcliffe, P.A.  
\_\_\_\_\_  
Firm/Company  
315 E. Robinson Street, Suite 600  
\_\_\_\_\_  
Address  
Orlando, Florida 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:

Jamie Brown \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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)

**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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

((H21000380363 3))

Ashford Pointe 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 09/08/2015 and assigned Florida document number L15000153435.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Affordable Housing Institute, Inc.	2121 Camden Rd., Suite B	<input type="checkbox"/> Add
		Orlando, FL 32803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal dotted lines 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 10-11 2021

Signature of a member or authorized representative of a member

Jonathan L. Wolf, Manager and Member

Typed or printed name of signer