Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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

Account Number : I19990000006 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: LSCHMINT @ZKSLAWFIRM. LOM

IGNOV 21 PM 3: 28
PEURE IANY OF STATE
LLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BENSCHLEY MANOR DEVELOPER, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
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Corporate Filing Menu

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NOV 22 2018

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|---|--|---|---------------------------------------|--|--|--|
| BENSCHLEY MANOR DEVELOPER, LLC | | | | | | |
| DODUEC | SUBJECT: Name of Limited Liability Company | | | | | |
| The encir | osed Articles of | Amendment and fee(s) are sub | bmitted for filin | g. | | |
| | | ondence concerning this matter | | | | |
| | | n. dwayne gray, jr | , ESQ. | | | |
| | | | Name of | Person | | |
| | | ZIMMERMAN KISER S | útčliffe, p. <i>i</i> | ١. | | |
| | | | Firm/Cor | прапу | | |
| | | 315 E. ROBINSON STRE | EET, SUITE 601 | | | |
| | | | Addre | 35 | | |
| | | ORLANDO, FL 32801 | | | | |
| | | DGRAY@ZK\$LAWFIRM | City/State and | Zip Code | | |
| | | E-mail address: (| (to be used for fut | ure annual re | port notification) | |
| For further | r information c | oncerning this matter, please c | m11: | | | |
| N. DWA | YNE GRAY, J | R., ESQ. | 407 at (| 425- | 7010 | |
| | Name o | f Person | Area | Code | Daytime Telephone Number | |
| Enclosed i | s a check for th | ne following amount: | | | | |
| \$25.00 |) Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certifier Certifier (additional | | Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Registra Division P.O. Bo | ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | | Registration Division of Clifton Bui | Corporations Iding tive Center Circle | |

NOV. 21. 2016 3:23PM

NO. 2406 P. 3/5 (((H16000287019 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BENSCHLEY MANOR DEVELOPER, LLC | |
|---|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) |
| The Articles of Organization for this Limited Liability Company w | vere filed on 8/2/2016 and assigne |
| lorida document number L16000144758 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabili | ty company here: |
| he new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | (%) |
| | |
| | (A) |
| inter new mailing address, if applicable: | Hã _ M |
| Mailing address MAY BE A POST OFFICE BOX) | TS L |
| | RAT L |
| • | A L |
| i. If amending the registered agent and/or registered offic egistered agent and/or the new registered office address here: | ce address on our records, enter the name of the |
| 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

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|-----|------|----|------|--|
| NO. | Z400 | ۲, | 4/5 | |

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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 | <u>Name</u> | Address | Type of Action |
|---|------------------|-----------------------------|----------------|
| MBR | SHARKEY, JEFFREY | 1105 KENSINGTON PARK DR | |
| | | SUITE 200 | D Remove |
| | | Altamonte Springs, FL 32714 | Change |
| *************************************** | | | 🗆 Add |
| | | | Bemove |
| | | | ☐ Change |
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1)

Typed or printed name of signee

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Filing Fee: \$25.00