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(((H18000341494 3)))



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To:

Division of Corporations

: (850)617-6383 Fax Number

from:

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

Account Number : I19990000006 : (407)425-7010 Phone : (407)425-2747 Fax Number

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

Email Address: Magnay @ wendovergroup. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROCHESTER PARK GP, LLC

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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO: Registration Section Division of Corporations ROCHESTER PARK GP. LLC SUBJECT: _ 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, 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: 425-7010 Amy Jellicorse Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

NOV. 30. 2018 5:38PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NO. 7765 (((12806024x4943)))

ROCHESTER PARK GP, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our re- imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con Florida document number £16000171790	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u> </u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DEC -3 ANA SKIELT
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldrass
		, 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

If NOV. 30, 2016t) 5:38PMerson(s) authorized to manage, enter the title, name, and addres NO. 7765 perP. 4/5ing added or removed from our records:

(((H18000341494 5)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR and MBR	Jonathan L. Wolf	1105 Kensington Park Drive	
		Suite 200	
			Remove
		Altamonte Springs, FL 32714	■ Change
			□ Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			[] Add
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	specifies a delay day after the re			an effective ti	me, at 12:01 i	a.m. on the)EC
			2018			<u>Ž</u>	ن ج الله الله الله الله الله الله الله ال

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Typed or printed name of signee

Filing Fee: \$25.00