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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WESTBURY COMMONS PROPERTY DEVELOPER, LLC

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## COVER LEASTER

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RY COMMONS PROPERTY I	DEVELOPER, LLC	
Name of Lin	ited Liability Company	<del></del> .
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
n. dwayne gray, jr.	, ESQ.	
	Name of Person	
ZIMMERMAN KISER SI	JTCLIFFE, P.A.	
	Firm/Company	
315 E. ROBINSON STRE	ET, SUITE 600	
	Address	······································
ORLANDO, FL 32801	134	
	City/State and Zip Code	ک <sup>د.</sup> •
E-mail address: (	to be used for future annual report n	ollication)
concerning this matter, please of	all:	· 'V
	407 425-7010	
of Person	Area Code Dayt	ime Telephone Number
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□ \$30.00 Piling 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)
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	Name of Lim  Name of Lim  Name of Lim  Amendment and fee(s) are sub  ondence concerning this matter  N. DWAYNE GRAY, JR.  ZIMMERMAN KISER SI  315 E. ROBINSON STRE  ORLANDO, FL 32801  jlagmay@wendovergroup.c  E-mail address: ( concerning this maner, please of  of Person  the following amount:  \$30.00 Filing Fee &  Certificate of Status  ING ADDRESS:  ration Section on of Corporations ox 6327	Name of Linited Liability Company  Amendment and fee(s) are submitted for filing.  In DWAYNE GRAY, JR., 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 not concerning this marter, please call:  at (407 425-7010  Area Code Dayt  Dayt  Area Code Dayt  Ling ADDRESS:  Fation Section  On of Corporations  Ox 6327  Cithon Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESTBURY COMMONS PROPERTY D		
(Name of the Limited Liab (A Flor	ellity Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 10/19/201	and assigned
Florida document number L17000216875	The second second	
This amendment is submitted to amend the following:	r	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
	<del></del>	
Datamanova office o Advoca if conficeble.		
Enter new mailing address, if applicable:  Mailing address MAYBEAPOST OFFICE BOX)	<del>-</del>	
Maning address MAI BE A FOST OFFICE BOX	<del>-</del>	
	<del></del> -	<b>}</b>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, enter the name of the nev
	.A.	ာ (၁) ရှောက်
Name of New Registered Agent:	2514 (1) 	
New Registered Office Address:		
	Enter l'Iorida street	address
	City	, Florida
	City	Zip Caas

## 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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, enter the time; 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>	Type of Action
MBR	Ryan VonWeller	1105 Kensington Park Drive	<b>⊞</b> Add
		Suite 200	□ Remove
		Altamonte Springs, FL 32714	□ Change
MBR	Glen Bamberger	1105 Kensington Park Drive	
		Suite 200	
		Altamonte Springs, FL 32714	□ Remove
MBR J	Jeffrey Sharkey	1105 Kensingto Park Drive	□ Change
		Suite 200	Add
			Remove
		Altamonte Springs, PL 32714	
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