

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | | |
|-----|-------------|-----------------|
| | Division of | Corporations |
| | Fax Number | : (850)617-6383 |
| | | |

From:

| Account Name Account Number | | TAVISTOCK DEVELOPMENT I20170000084 |
|--------------------------------|---|---------------------------------------|
| Phone | : | (407)909-9957 |
| Fax Number | | (407)909-9957 |

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 56.6 (.C. 1.3 - S.1. A.66 GAP WEDGE PROPERTIES, LLC Certificate of Status 0 0 Certified Copy 518.7 LANASSI S. FLUM Page Count 04 EI AON Estimated Charge \$25.00 U ŝ ŝ 3-

Electronic Filing Menu

Corporate Filing Menu

Help

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| | | , | COVER LETTER | | |
| | ation Sectio 1 of Corpor | | | | |
| Gar | - Madau Pu | apartice 11C | | 3 | |
| SUBJECT: | | | ted Liability Company | | |
| | | | | | |
| The enclosed Art | icles of Am | endment and fee(s) are sub- | initted for filing. | | |
| Please return all o | corr e sponde | nce concerning this matter i | to the following: | | |
| | | Michelle Dadisman | | | |
| | | | Name of Person | | |
| | | Tavistock Financial, LLC | | | |
| | | | Firm/Company | | |
| | | 9350 Conroy Windermere | Road | | |
| | | | Address | | |
| | | Windermere, FL 34786 | | | |
| | | | City/State and Zip Code | | |
| | ا | nichelle.dadisman@tavisto | ek.com to be used for future annual report n | | |
| | | | | iormeation) | |
| For further inform | natior, conc | erning this matter, please ca | xf1: | | |
| Michelle Dadism | າສາ | | 407 909-9957 at () | | |
| | Name of Pc | | Area Code Day | time Telephone Number | |
| | | | | | |
| Enclosed is a che | eck for the fe | ollowing amount: | | | |
| 🗖 - \$25.00 Filing | g Fec l | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ic of Status & |
| | MAILING | ADDRESS: | | RIER ADDRESS: | |
| | Registration Section Division of Corporations | | Registration Sec | | |
| | | f Corporations | DIVISION OF COF | | |
| | Division o P.O. Box 6 | | Division of Cor Clifton Building 2661 Executive | 2 | |

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Tavistock

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Gap Wedge Properties, LLC | 2018 NOV 13 P 2:25 |
|---|--|
| (<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp | ppears on our records.) say) |
| The Articles of Organization for this Limited Liability Company were filed o Florida document number | TALLANASSEL, ILGALDA |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compared | <u>nv here</u> : |
| 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: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: | |
| (Muiling address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here: | ss on our records, enter the name of the new |
| Name of New Registered Agent: | |

New Registered Office Address:

Enter Florida street address

, Florida _ 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.

City

If Changing Registered Agent, Signature of New Registered Agent

475

MGR = Manager

.

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|--------------------|----------------------------|----------------|
| VP, T | Jeffrey S. Smith | 6900 Tavistock Lakes Blvd. | 🖸 Add |
| | | Suite 200 | _ |
| | | Orlando, FL 32827 | Remove |
| | | | Change |
| VP. T | Benjamin A. Weaver | 6900 Tavistock Lakes Blvd. | 🔜 🗐 Add |
| | | Suite 200 | 5 x |
| | | Otlando, FL 32827 | Remove |
| | | | Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 (3xb) 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 Novainher 13, 20F1.

Signature of a member or authorized representative of a member

Michelle R. Rencoret, Vice President & Secretary

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00