Division of Corporations

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : BROAD AND CASSEL (ORLANDO)

Account Number : 119980000090 Phone : (407)839-4200

: (407)839-4264 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4502 OLD WINTER GARDEN ROAD, LLC

Certificate of Status 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

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Corporate Filing Menu

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S. WARREN

11/2/2017

Broad and Cassel 11/2/2017 8:54:21 AM PAGE 3/006 Fax Server

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COVER LETTER

TO: Registration S Division of Co		.:	
	Winter Garden Road, LLC	,	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Helen Ford		
		Name of Person	
	Brond and Cassel		
		Firm/Company	
	390 North Orange Avenue	, Suite 1400	
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	
•	hford@broadandcassel.com	to be used for future annual report not	Gentlan
			nemon
For further information	concerning this matter, please c		
Helen Ford		at () 491-5222 Area Code Daytin	<u> </u>
Nam	of Person	Area Code Duytin	ne Telephone Number
Enclosed is a check for	the following amount:		
≘ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ILING ADDRESS:	Registration Secti	
Divi	sion of Corporations Box 6327	Division of Corpe Cliffon Building	រះអ(លែ វេ
	ahassee, FL 32314	2661 Expensive C Tallahas ec. FL 3	

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

. .

(Name of the Limit	ed Linbility Company as it no	ow appears on our records.) company)
		•
The Articles of Organization for this Limited L	iability Company were file	2 an 07/13/2006 and assigned
Florida document number 1.06000069814	 '	
This amendment is submitted to amend the foll	owino.	
A. If amending name, enter the new name of	f the limited liability con	npany here:
- 1	and of imited Linkility Correct	any," the designation "LLC" or the abbreviation "LLC."
,		
(Principal office address MUST BE A STREE	TT ADDRESS)	
	new principal offices address, if applicable: **ipal office address MUST BE A STREET ADDRESS) **new mailing address, if applicable: **ing address MAY BE A POST OFFICE BOX} f amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here:	
(Mailing address MAY RE A POST OFFICE	<u> </u>	
		
Name of New Registered Agent:	Alan F Lilly	
	618 Woodward Street	
New Registered Office Address:	618 Woodward Street	E ter Florida street address
New Registered Office Address:	618 Woodward Street Orlando	
New Registered Office Address:		Florida 32803
New Registered Agent's Signature, if changing	Orlando City Registered Agent:	Florida 32803 Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- heims filed to merely reflect a change in the	Orlando City Registered Avent: red agent and agree to act per and complete perform intered agent as provide pregistered office addres	Florida 32803 Zip Code It in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and d for in Chapter 605, F.S. Or, if this document is
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the pro-	Orlando City Registered Apent: red agent and agrea to ac per and complete perfort existered agent as provide registered office addres s change.	Florida 32803 Zip Code it in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and d for in Chapter 605, F.S. Or, if this document is s, I hereby confirm that the limited liability
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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	Name	Address	Type of Action
AMBR	Ira D Lilly Trust A UTA 01/18/89 AR 2/4/2009	1409 Symphony Court, Orlando, FL 32804 c/o Barbara Sayino, Larry Lilly, Alan Lilly co-Trustees	■ Add
			Remove
			Change
AMBR	Allegen A Lilly Trust UTA 01/18/89 AR 7/4/2009	1409 Symphony Court, Orlando, FL 32804 c/o Allegis A. Lilly Trustee	■ Add
			🖸 Келюче
			☐ Change
MGR	Barbura Savino	1530 Jill Jenne Lane, Longwood, F1. 32779	Add
	•		Remove
			D Change
MGR	Larry D Lilly	P.O. Box 80, Cool Ridge, WV 25825	₽ Add
		,	
			D Change
MGR	Alan F Lifty	618 Woodward Street, Orlando, FL 32803	■ Add
			□ Remove
			□ Change
MGR	Allegra A Lifly		🗆 Add
		(409 Symphony Court, Orlando, Fl. 32804	
			Change

Page 2 of 3

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