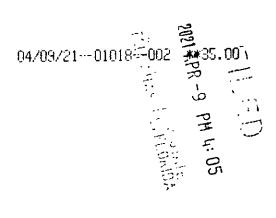
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(Re	questor's Name)	<del></del> ·
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Cor	porations				
SUBJECT: Wi	UBJECT: WINTER PARK Delopment Enry LLC Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Court	Ney LUSINK Name of Person			
		Name of Person			
	INPL				
		Firm/Company			
		CLE DV. Address			
	May Hand	EL 37751			
	MALL	FL 3 2751 City/State and Zip Code			
	Courtne	to be used for future annual report noting	<u> </u>		
			ication)		
For further information c	oncerning this matter, please ca	all:			
Courmer	4 Lusink	at (407) Area Code Daytime	-2041		
Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for th	-				
\$25.00 Filing Fee	☐ \$30.00 Filing 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)		
Mailing Addres Registration S		Street Address: Registration Sec	rtion		
Division of C		Division of Cor			
P.O. Box 632	-	The Centre of T	_		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Number P	Liability Company as it Florida Limited Liability	now appears on our Company)	records.)	<u>C</u>		
The Articles of Organization for this Limited Liab Florida document number しゅっからめる	31784 ving:		121	and a	ssignec	ł
A. If amending name, enter the new name of t  The new name must be distinguishable and contain the wor						
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or reg	OX)  gistered office address			2021 AT IN THE PLANTING	-9 PM 4: 05	istered
agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		Enter Florida street		3' ]. 10 Zip Cod		<u> </u>

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	TracylForrest	221 circle Dr.	□Add
		Maitland, FL 37751	Remove
			□Change
P	Jefney D. Forcest	221 Circle Dr.	<b>K</b> JAdd
		Mai Hand, FL 37751	
			□Change
			Remove 7
			□ Change
			200 APR emove
			□Remove
			□Add
			□Remove
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lf an effec <u>Note:</u> T	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da  the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.		
e record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie I.	er of: (b) The 90th day after	r the
Dated _	417/21		
	Signature of a member or authorized representative of a member		
	Jeffley D. Foricst  Typed or printed name of signee		

Filing Fee: \$25.00