## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CS SUNBIZ, LLC Account Number : 120040000164 : (407)691-5600

Phone Fax Number + (407)691-5620

Email Address: KWHITE@AHG-GROUP.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CANTON PARK FINANCIAL, LLC

Certificate of Status	0
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Page Count	<b>9</b> 03
. Estimated Charge	\$25.00

FAY

Electronic Filing Menu

Corporate Filing Menu

Help



MAY = 6 2015

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CANTON PARK FINANCIAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•	City	Zip Code
_		
New Registered Office Address:	Enter Florida street a	ddress
Navy Pariotoned Office Address		
Name of New Registered Agent:		
IPERFACE SERVINGENCE THE NEW LEGISTER OFFICE	e address nere.	•
B. If amending the registered agent and/or registered agent and/or the new registered offic		ords, enter the name of the new
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
• • • • • • • • • • • • • • • • • • • •		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new principal offices address, if applicab		
		t boc of the appleviation bib,c.
The new name must be distinguishable and end with the wor	rds "I imited I jability Company " the decimation	"I C" or the abbreviation "I I C"
A. If amending name, enter the new name of the	ne limited liability company here:	
This amendment is submitted to amend the follow	ing:	
Prorida document number	·	,
Florida document number L07000110856	my company was med an	and assigned
The Articles of Organization for this Limited Liab	ility Company were filed on 11/01/20	and assigned 3

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

05/05/2015 13:24

4076915620

PAGE 03/04

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Member	MJS Irrevocable Trust III dated 1/1/07	200 E. Canton Avenu	e □ Add
		Suite 102	■ Remove
		Winter Park, Florida 327	
Member	Bluerock Investment Management, LLC	700 West Morse Boulevar	-d □ Add
		Suite 220	■ Remove
		Winter Park, Florida 3278	39
Member	WKN Financial Resources, LLC	700 West Morse Bouleva	rd <sub>B Add</sub>
		Suite 220	☐ Remove
		Winter Park, Florida 3278	9
			Remove
			Add
			П Кетоус
			Add
			🗆 Remove

). If amending any other information, enter change(s) here: (Attach ad	lditional sheets, tf necessary.)
	_
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
Dated April 30 2015	
Ba All	<b>-</b>
Signature of a meraber or authorized represents	ative of a member
Gene Harris, Manager	
Typed or printed name of signs	:e

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Filing Fee: \$25.00