# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000406379 3)))



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

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OVERSEAS GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

**DEC** 0 5 2022 A. LUNT

Electronic Filing Menu — Corporate Filing Menu

Help

### **COVER LETTER**

	ision of Cor				
SUBJECT.	OVERSEAS GP, LLC				
SUBJECT:		Name of Lir	nited Liability Company		
The enclosed	! Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return	nll correspo	indence concerning this matter	to the following:		
		JOHN P. GRYGIEL			
			Name of Person		
		315 E. ROBINSON STRI	EET		
			Fim/Company	<del></del>	
		SUITE 600			
		<del></del>	Address		
		ORLANDO, FL 32801			
		W. A.C. A. A. C. C. Urango O. Cr.	City/State and Zip Code		
		ILAGMAY@WENDOVE	RGROUP.COM to be used for future annual report no	ification)	
For further in	formation co	nncerning this matter, please c	elf:		
JESSICA PA	PARELLA		407 425-7010		
	Name of	Person		ne Telephone Number	
Enclosed is a	check for the	e following amount:			
岩 \$25.00 Fi	fing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divi P.O.	ing Address istration So sion of Co Box 6327 shassee, Fi	ection prporations	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO 2022 DEC -2 ARTICLES OF ORGANIZATION OF

OVERSEAS GP. LLC			
(Name of the Limited L.	(ability Company as it now annears on olorida Limited Liability Company)	br records.)	
The Articles of Organization for this Limited Liability Florida document number	ity Company were filed on _08/05/20	2009 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	Jon "ELC" or the abbreviation "L L. C."	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or regist agent and/or the new registered office address her		s, <u>enter the name of the new registered</u>	
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florido sirvos uddress		
	Florida		
	Сйу	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.

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

Title	Name	Address	Type of Action
MGR	H-TRY, LLC	3158 NORTHSIDE DRIVE	□Add
		KEY WEST, FL 33040	■Remove
MGR	JONATHAN L. WOLF	1:05 KENSINGTON PARK DRIVE	
		SUITE 200	
		ALTAMONTE SPIUNGS, FL 32714	☐Change
			□Add
			□Remove
			□Add
			CRemove
			□ Change
The sage of Andrews seembers			□Add
			□Remove
			☐ Change
			Cladd
			©Remove
			☐ Change

	(((H22000	406379 3)))
D. If amending any other information, enter change(s) here: (Attach additional sheets, if in	<b>022</b> DEG - 2	AM III. Am
		——————————————————————————————————————
	<del></del>	<del></del>
		····
		*********
		<del></del>
		**************************************
		<del></del>
	and a final state of the state	meso venu
Effective date, if other than the date of filing:  (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 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	ional) er filing.) Pursuant i is date will not b	o 605.0207 (3)(b) e listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ( record is filed.	b) The 90th day	after the
Dated // . 30		
Dated // . 30 2 C 27	····	- <del></del>
Signifiture of a member of outhorized impresentative of a member		
SCCTS FFOR ENDING		<del>-</del>

Filing Fee: \$25.00