Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : I19990000006

: (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: corporate@zkslawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHWICK COMMONS GP, LLC

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## **COVER LETTER**

_	istration St ision of Cor					
EUDJECT.	southw	ICK COMMONS GP, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		N. DWAYNE GRAY, JR	., ESQUIRE			
	Name of Person					
		ZIMMERMAN, KISER &	SUTCLIFFE, P.A.			
Firm/Company						
315 E. ROBINSON STREET, STE 600						
			Address			
		ORLANDO, FLORIDA 3	2801			
			City/State and Zip Code			
		JLAGMAY@WENDOVE				
			to be used for future annual report noti	fication)		
For further in	iformation c	oncerning this matter, please o	all:			
Jessica Sny	/der, Corpo	orate Paralegal	407 425-7010 a()			
	Name o	f Person		c Telephone Number		
Enclosed is a	check for th	he following amount:				
<b>■ \$</b> 25.00 F	iling fee	□ 530.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres		<u>Street Address:</u> Registration Sec	etion		
-	-	corporations	Division of Cor			
P.C	). Box 632	.7	The Centre of T	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(((H20000342622 3)))

Tallahassee, FL 32314

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHWICK COMMONS GP, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company)	)
The Anicles of Organization for this Limited Liab Florida document number L13000118338	oility Company were filed on 08/21/2013	and assigned
This amendment is submitted to amend the follow	ning:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ile:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		. S S S S S S S S
		700 PAR 700 PA
Enter new mailing address, if applicable:		25 7
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	22-2 - 1
		H ₹ M
		Sign Sign Co
B. If amending the registered agent and/or reg agent and/or the new registered office address i		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fla	-1.4 -
	Chy Fids	ridaZip Code
New Registered Agent's Signature, if changing Reg	elstered Agent:	
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete performance of my duties, and ered agent as provided for in Chapter 605, Fi gistered office address, I hereby confirm that	d I am familiar with and .S. Or, if this document is

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
MBR	JONATHAN AND NANCY WOLF FAMILY TRUST I, DATED AUGUST 6, 2018	1105 KENSINGTON PARK DRIVE	⊟Add
	A00001 0, 2010	SUITE 200	□Remove
		ALTAMONTE SPRINGS, FL 32714	□ Change
MGR/MBR	JONATHAN L. WOLF	1105 KENSINGTON PARK DRIVE	Dbba
		SUITE 200	□Remove
		ALTAMONTE SPRINGS, FL 32714	Change
	<del>-</del>		C]Add
			□Remove
			Change
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			🗆 Change

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act	ive date, if other than the date of filing:
n eff	ive date, if other than the date of filing:
4 -	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
LE:	tent's effective date on the Department of State's records.
<u>ce:</u> cum	
cum	
cum	d specifies a delayed effective date, but not an effective time, at 12:0) a.m. on the earlier of: (b) The 90th day after the
cum	
cum cor is fil	led.
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