

27 SEP 28 2018 0:41 AM

Division of Corporations

NO. 7332 P. 1/5

H14000140932

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H18000282558 3)))



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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: jlagmay@wendovergroup.com

SECRETARY OF STATE  
TALLAHASSEE, FL

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BROMLEY SQUARE GP, LLC

|                       |         |
|-----------------------|---------|
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| Page Count            | 05      |
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UHS  
10-01-18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BROMLEY SQUARE GP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy E. Jellicorse, Esq.

\_\_\_\_\_  
Name of Person

Zimmerman Kiser Sutcliffe, P.A.

\_\_\_\_\_  
Firm/Company

315 E. Robinson Street, Suite 600

\_\_\_\_\_  
Address

Orlando, Florida 32801

\_\_\_\_\_  
City/State and Zip Code

jlagmay@wendovergroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Jellicorse

407

425-7010

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
256½ Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H18000282558 3)))

Bromley Square GP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/09/2014 and assigned  
Florida document number LI4000140932.

This amendment is submitted to amend the following:

**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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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SECRETARY OF STATE  
TALLAHASSEE, FL  
Zip Code

**FILED**

**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

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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

| <u>Title</u> | <u>Name</u>  | <u>Address</u>                   | <u>Type of Action</u>                   |
|--------------|--|----------------------------------|---|
| MBR          | Jonathan and Nancy Wolf Family Trust I, dated August 6, 2013 | 1105 Kensington Park Dr.         | <input checked="" type="checkbox"/> Add |
|              |  | Suite 200                        | <input type="checkbox"/> Remove         |
|              |  | Altamonte Springs, Florida 32714 | <input type="checkbox"/> Change         |
| MBR          | James E. Dyal  | 1105 Kensington Park Dr.         | <input checked="" type="checkbox"/> Add |
|              |  | Suite 200                        | <input type="checkbox"/> Remove         |
|              |  | Altamonte Springs, Florida 32714 | <input type="checkbox"/> Change         |
|              |  |                                  | <input type="checkbox"/> Add            |
|              |  |                                  | <input type="checkbox"/> Remove         |
|              |  |                                  | <input type="checkbox"/> Change         |
|              |  |                                  | <input type="checkbox"/> Add            |
|              |  |                                  | <input type="checkbox"/> Remove         |
|              |  |                                  | <input type="checkbox"/> Change         |
|              |  |                                  | <input type="checkbox"/> Add            |
|              |  |                                  | <input type="checkbox"/> Remove         |
|              |  |                                  | <input type="checkbox"/> Change         |
|              |  |                                  | <input type="checkbox"/> Add            |
|              |  |                                  | <input type="checkbox"/> Remove         |
|              |  |                                  | <input type="checkbox"/> Change         |

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[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Typed or printed name of signer

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