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Division of Corporations

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

Account Number : I1999000006 : (407)425-7010 Phone

Fax Number : (407)425-2747

Enter the email address for this business entity to be used for furture annual report mailings. Enter only one email address please. *

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DURHAM PLACE GP, LLC

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COVER LETTER

(((H18000341458 3)))

	Registration 5: Division of Co.				
0170 107		PLACE GP, LLC			
SUBJEC	∘k;	Name of Lim	ited Liability Company		
The encl	osed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please re	tum all corresp	andence concerning this matter	to the following:		
		Amy E. Jellicorse, Esq.			
			Name of Person		
		Zimmerman Kiser Sutcliff	e, P.A.		
			Firm/Company		
		315 E. Robinson Street, St	nite 600		
			Address		
		Oriando, Florida 32801			
			City/State and Zip Code		201
		jlagmay@wendovergroup.c			ZOIO DEC
		E-mail address: (to be used for future annual report notific	cation)	1
For furth	ner information	concerning this matter, please c	all:	55.4 55.4	-3 P
Amy Je	llicorse		407 425-7010 at ()	Telephone Number RID	PM 1: 3
	Name (of Person	Area Code Daytime	Telephone Number	: 37
Enclosed	d is a check for t	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 Stat Certified Copy (additional copy is en	tus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 NOV. 30. 2018 5:28FM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NO. 7761 P. 3/5 (((H180003414583)))

DURHAM PLACE GP, LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florica Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 114000140943	ility Company were filed on 09/09/2014	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the mine of the ne
Name of New Registered Agent:		SS - 3
New Registered Office Address:	Enter Florida street address	
-	, Flori	da Zip Code
	Q <i>y</i>	

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 NOV. 30. 2018tl 5: 28FMerson(s) authorized to manage, enter the title, name, and addres: NO. 7761 perf. 4/5 ing added or removed from our records:

MGR = Manager AMBR = Authorized Member (((H180003414583)))

<u>Title</u>	Name	Address	Type of Action
MGR and MBR	Jonathan L. Wolf	1105 Kensington Park Drive	
		Suite 200	□ Remove
		Altamonte Springs, FL 32714	⊟ Chânge
			Aćd
			Remove
			Change
			□ Remove
			Change
			🗀 Add
			Change
			□ Add
			Drichange
			Change
			Add IT:
			Remove
			Change

30, 2016 5:26fM Amending any other information, enter change(s) here: (Augch additional sh	NO. 7761 P. 5/5
amending any other information, enter change(s) here: (Attach additional sh	ieeis, y necessary.) (((H1800034145
	
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than the: If the date inserted in this block does not meet the applicable statutory filing requires.	(Optional) 190 days after filing) Pursuant to 605,0207 (3)(
te: If the date inserted in this block does not meet the applicable statutory filing requir	rements, this date will not be listed as the
cument's effective date on the Department of State's records.	AH B
	AS C
record specifies a delayed effective date, but not an effective time, a	
The 90th day after the record is filed.	
2016	r-'c> r-
ted	PRIII S
	37 HD4
Signature of a mornber of authorized representative of a me	euper
Jonathan L. Wolf, Manager and Member	
Johannan L. Wolf, Manager and Mellioti	

• • •

Page 3 of 3

Filing Fee: \$25.00

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