10/21/2019



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.

(((H19000311224 3)))



H190003112243ABCX

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

Prom:

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

Account Number : I19990000006

Fax Number

: (407)425-7010 1 (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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRADFORD VILLAS DEVELOPER, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

OCT 2 2 2018

T. LEMMEUX

H190003112243

## **COVER LETTER**

TO:	Registration Division of C	Section orporations		<b>9</b>
SUBJE	BRADF	ord Villas Developer, i	LLC	
30 <b>130</b> 1		Name of Li	mited Liability Company	
The end	closed Articles o	of Amendment and feo(s) are so	bmitted for filing.	
Picase r	return all corresp	pondence concerning this matte	r to the following:	
		N. Dwayne Gray, Jr., Esc	ī.	
			Name of Person	
		Zimmerman, Kiser & Sut	cliffe, P.A.	
Firm/Company				
315 E. Robinson Street, Suite 600				
	Address			
		Orlando, Florida 32801		
		ilagray@huanda	City/State and Zip Code	
		jlagmay@wendovergroup.	to be used for future annual report nod	
For furth	cr information	concerning this matter, please o		rication)
Jessica S	Snyder, Corpora	ete paralegal	407 425-7010	
	Name	of Parson	at (	e Telephone Number
Enclosed	is a check for t	he following amount:		
<b>≅ \$25.</b> 0	10 Filing Fee	☐ \$30.00 Fiting 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 Tallahussee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

NO. 9425 P. 3/5

H19000311224 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 OCT 21 P 1:58

Bradford Villas Developer, LLC	A CONTRACTOR OF THE CONTRACTOR
(Name of the Limited Liability (A Florada	y Company as it now appears on our records:) AHABSLL I LUSSIDE
The Articles of Organization for this Limited Liability Co Florida document number L14000149457	
This amendment is submitted to amend the following:	_
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRE	(SS)
Enter year melling address # 15b.	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	red office address on our records, <u>enter the name of the new</u>
New Registered Office Address:	
	Enter Florida street address
	City , Florida
New Registered Agent's Signature, if changing Registered A	•
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability
Ĩ	Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

NO 0425	_p	A / E	

OCT. 21. 2019 3:24PM

H190003112243

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>Titk</u> MBR	Name Jonathan and Nancy Wolf Family	Address 1105 Kensington Park Dr.	Type of Action
	Trust I, dated August 6, 2018	Suite 200	—————————————————————————————————————
		☐ Remove	
	Altamonte Springs, Florida 32714	Chau <b>c</b> c	
		□ Add	
			☐ Remove
		·	□ Change
		□ Remove	
			Change
			O Remove
			Change
			Romove
			☐ Change
<del></del>			
			□ Remove
			□ Change

H190003112243

Effec	eve date, if other than the date of filing: 101.81.c. (
lf an ef	tive date, if other than the date of filing: 1916 [16] (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
11U44.	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them?'s effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	90th day after the record is filed.
	2019
	Detroise 18
Dated	,
Dated	
Dated	Signature of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00