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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 Phone : (407)425-2747 Fax Number

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

(Whilehower arou

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

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## **COVER LETTER**

TO:	Registration So Division of Cor				
erio id		ELD MANOR GP, LLC			
SUBJECT:  Name of Limited Liability Company					
The enci	iosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence 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	<del></del> ,	
		jlagmay@wendovergroup o	om		
		E-mail address: (	to be used for future annual report not	ification)	
For furth	ter information c	oncerning this matter, please c	all:		
Amy Je	llicorse		407 425-7010 at( )		
	Name o	f Person		ne Telephone Number	
Enclosed	d is a check for t	ne following amount:			
<b>≘</b> \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassec, FL 3	orations Jenter Circle	

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crestfield Manor GP, LLC		
(Name of the Limited	Liability Company as it new appears on our record Florida Limited Liability Company)	<u>(1,)</u>
The Articles of Organization for this Limited Liab Florida document number <u>L14000153581</u>	oility Company were filed on 10/01/2014	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	be limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record	is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		orida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 regions any has been notified in writing of this change in writing of this change in the regions and the second acceptance of t	and complete performance of my duties, a cred agent as provided for in Chapter 605, gistered office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent Signature	of New Profesered Agent

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If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	Jonathan and Nancy Wolf Family Trust I, dated August 6, 2018	1105 Kensington Park Dr.	Add
		Suite 200	
			CI Remove
		Altamonte Springs, Florida 32714	Change
			Remove
			Change
			□ Remove
			Change
			D Remove
			Change
			Remove
			Change
			[] Add
			🗆 Romave
			Change

. . . . .

(((H18000282565 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ \_ (optional) (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after Filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated September Signatifie of a member or authorized representative of a member Jonathan Wolf, Manager Typed or printed name of signee

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Filing Fee: \$25.00