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From:

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

Account Number : I19990000006

Phone

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

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D. SCOTT OCT 2 0 2016

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COVER LETTER

	egistration vision of C	Section orporations			
SUBJECT.	Crestfield	d Manor Developer, LLC			
SUBJECT	•	Name of Limited Liability Company			
		of Amendment and fee(s) are submitted for filing.			
		N. Dwayne Gray, Jr., Esq.			
		Name of Person			
	Zimmerman Kiser Sutcliffe, P.A.				
		Firm/Company			
		315 E. Robinson Street, Suite 600			
		Address			
		Oriando, FL 32801			
		City/State and Zip Code			
		dgray@zkslawf(rm.com	ESE S		
For further	information	E-mail address: (to be used for future annual report notification) n concerning this matter, please call:	DET 19 M 9 1		
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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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Crestfield Manor Developer, LLC the Limited Liability Company as it now appe		
(Name of	the Limited Liability Company as it now appe (A Florida Limited Liability Company	ors on our records.)	
The Articles of Organization for this Li	imited Liability Company were filed on _	10/01/2014	and assigned
Florida document number	L14000153611		
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 cor	stain the words "Limited Liability Company," the	designation "LLC" or th	ne abbreviation "LLC."
Enter new principal offices address, i	if applicable:		
(Principal office address MUST BE A	STREET ADDRESS)		
Enter new mailing address, if applica	FFICE BOX)		ALCO P. T
n. It amending the registered age registered agent and/or the new regis	ent and/or registered office address of stered office address here:	on our records, <u>en</u>	ter the name of the ne
Name of New Registered Age	ent:		Fig = D
New Registered Office Addre		<u> </u>	607 9
	Enter Fl	orida street address	DE N
		, Florida	Zip Code
	City .		cip code

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

Title	Name	Address	Type of Action
Member	Glen Bamberger	1105 Kensington Park Drive	⊠ Add
		Suite 200	□ Remove
		Altamonte Springs, FL 32714	☐ Change
Member	Ryan VonWeller	1105 Kensington Park Drive	⊠A₫₫
		Suite 200	
		Altamonte Springs, FL 32714	□ Chânge
		<u></u>	Add
			□ Remove
			Change
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<u>ote:</u> If the	ate, if other than date is listed, the don date inserted in the effective date on t	his block does not	i neet the applic	able statutory fili	(opti nore than 90 days after ng requirements, thi	ional) or filing.) Pursuant to 6 is date will not be li	05 0207 sted as
record The 90tl	specifies a del n day after the	ayed effective record is filed	date, but no t.	ot an effective	time. at 12:01	a.m. on the ear	lier of:
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