

9/27/18 SEP. 28. 2018 9:59AM

Division of Corporations

NO. 7333

L14000153611

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : 119990000006
Phone : (407)425-7010
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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K. SALV
OCT -1 2018

2018 SEP 28 PM 10:05

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRESTFIELD MANOR DEVELOPER, 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 Kise: Sutcliffe, P.A.
Firm/Company
315 E. Robinson Street, Suite 600
Address
Orlando, Florida 32801
City/State and Zip Code
jlagmay@wendovargroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Jellicorse at (407) 425-7010
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
2661 Executive Center Circle
Tallahassee, FL 32301

(((H18000282561 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H18000282561 3))

FILED
18 SEP 28 AM 7:20
SIGNATURE OF REGISTERED AGENT
TALLAHASSEE, FLORIDA

Crestfield Manor Developer, 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 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 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

City, Florida Zip 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

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	Sara Wolf	1105 Kensington Park Dr.	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, Florida 32714	<input type="checkbox"/> Change
MBR	Harrison Wolf	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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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NO. 7393 P. 5
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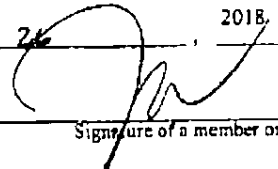
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 STATE
 SECRETARY OF STATE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective 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 (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:
 (a) The date specified in the record.
 (b) The 90th day after the record is filed.

Dated September 26, 2018.



Signature of a member or authorized representative of a member

Jonathan Wolf, Manager

Typed or printed name of signer