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From:

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

Account Number : 119990000006 Phone

Fax Number

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COVER LETTER

	Registration Division of C			
/III F 0		TELD MANOR DEVELOPER, L	LC	
SUBJEC	T:	Name of Limi	ted Liability Company	
The engle	osed Articles	of Amendment and fec(s) are subr	nitted for filing.	
Please ret	turn all corres	spondence concerning this matter t	c the following:	
		Arny E Jellicorse, Esq.		
			Name of Person	
		Zimmerman Kiser Sutcliff	ı, P.A.	
			Firm/Company	
		315 E. Robinson Street, Su	ite 600	
			Address	
		Orlando, Florida 32801		
			City/State and Zip Code	
		jlagmay@wendovergroup.c		(Continue)
			to be used for future annual report noti	neation)
For furth	ier informatio	on concerning this matter, please of		
Amy Jel	llicorse		407 425-7010 at ()	
	Nan	ne of Person	Area Code Doytim	e Telephone Number
Enclosed	d is a check fe	or the following amount:		
■ S25.	00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Sectio
	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations lenter Circle

(((H180002825613)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H18000282561 3)))

SER ZO M. T.

Cresmeid Manor Developer, LLC		
(Name of the Limited Lighthry Comp. (A Florida Limited	nny as it now appears on our records.) Liability Company)	14767 14767
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 liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company;" the designation "LLC" o	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 or registered agent and/or the new registered office address here.	office address on our records, re:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Putter 1 thurs and a comett	
	, Flori	ida Zip Code
	City	ZIP LOGE

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

Page 1 of 3

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>	Name	Address	Type of Action
MBR	Sara Wolf	1105 Kensington Park Dr.	
		Suite 200	□ Remove
		Altamonte Springs, Florida 327!4	[] Change
MBR	Harrison Wolf	1105 Kensington Park Dr.	■ Add
		Suite 200	☐ Remove
		Altamonte Springs, Florida 32714	Change
			Remove S T
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Note:	five date, if other than the date of filing: 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.	3)(b he
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.	
Dated	Scotombie 24 2018.	
	Signs ure of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00