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Division of Corporations

Fax Number

; (850)617-6383

From:

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

Account Number : 119990000006 Phone

: (407)425-7010

Fax Number

: (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: ilag may@wentover arou

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

| | والمستون بالتحان فينتج بالمستور والمراجع |
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| TO: | Registration S Division of Co | | | | |
|---------------|----------------------------------|--|--|--|---|
| AV10.10 | | ELD MANOR DEVELOPER, I | LLC | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | | |
| The end | losed Anicles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please r | eturn all corresp | ondence concerning this matter | to the following: | | |
| | | Amy E. Jellicorse, Esq. | | | |
| | | | Name of Person | | |
| | | Zimmerman Kiser Sutcliff | fe, P.A. | | |
| | | | Firm/Company | | |
| | | 315 E. Robinson Street, St | uite 600 | | |
| | | | Address | | |
| | | Orlando, FL 32801 | | | |
| | | | City/State and Zip Code | | |
| | | jlagmay@wendovergroup.c | | | |
| | | | to be used for future annual i | eport notification) | _ |
| For furt | her information (| concerning this matter, please c | all: | | |
| Amy Jo | ellicorse | | 407 425 at () | -7010 | |
| | Name | of Person | Area Code | Daytime Telephone Nun | nbc: |
| Enclose | d is a check for t | the following amount: | | | |
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| | Regist Divisi P.O. E | LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314 | Registrati Division o Clifton Bo 2661 Exe | /COURIER ADDRESS on Section of Corporations uilding cutive Center Circle see, FL 32301 | -3 PM I: 41 AY OF STAIL SSEE, FLORID: |

NOV. 30. 2018 5:26PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((\\\0.7759002\begin{array}{c} 3/5 3)))

| CRESTFIELD MANOR DEVELOPER, LLC | |
|--|---|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our records.) ited Liability Company) |
| The Articles of Organization for this Limited Liability Comp Florida document number Li4000153611 | any were filed on 10/01/2014 and assigned |
| 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 L | 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 | 2 |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: | d office address on our records, <u>enter the name of the ne</u> <u>here</u> : |
| | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida- |
| | City |
| New Registered Agent's Signature, if changing Registered Ag | |
| provisions of all statutes relative to the proper and comp | agree to act in this capacity. I further agree to comply with th lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Ov, if this document is fice address, I hereby confirm that the limited liability |
| īro | Changing Registered Agent, Signature of New Registered Agent |

If NOV. 30, 2013tl 5:26fMerson(s) authorized to manage, enter the title, name, and addres NO. 7759 perf. 4/5ing added or removed from our records:

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MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------------|---------------------------------------|------------------------------|----------------|
| AGR and MBR | Jonathan L Wolf | 1105 Kensington Park Drive | |
| | | Suite 200 | |
| | | | Remove |
| | | Altamonte Springs, FL 32714 | |
| MBR | Glen F. Bamberger | 1105 Kensington Park Drive | |
| | | | |
| | | Suite 200 | 5 n |
| | | Altamonte Springs, FL 32714 | Remove |
| | | Attarnonie Springs, FL 32714 | |
| МЭR | Ryan S. Von Weller | 1105 Kensington Park Drive | |
| | | | |
| | | Suite 200 | □ n. |
| | | Altamonte Springs, FL 32714 | □ Remove |
| | | Aramonie Springs, PL 32714 | |
| MBR | Harrison F. Wolf | 1105 Kensington Park Drive | 8 |
| | · · · · · · · · · · · · · · · · · · · | Suite 200 | Add |
| | | Suite 200 | Remove |
| | | Altamonte Springs, FL 32714 | |
| | | | E Change |
| MBR | Sara E. Wolf | 1105 Kensington Park Drive | |
| | | Suite 200 | |
| | | | <u> </u> |
| | | Altamonte Springs, FL 32714 | |
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| /. 30. 20 If amen | 13 5:26fM Notice of the state o | '0, 7759 P. 5/5 ^{sary:)} (((H18000341453 |
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| fan effec <u>Note:</u> If | c date, if other than the date of filling: (option live date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fit the date inserted in this block does not meet the applicable statutory filing requirements, this day's effective date on the Department of State's records. | ling.) Pursuant to 605,0207 (3)(1 |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.o Oth day after the record is filed. | m. on the earlier of: |
| Dated | 11-78 | DEC - |
| | | $ \underline{\omega} \simeq \omega $ |
| | Signature of a momber or authorized representative of a member | 3 PH I: 42 |

Page 3 of 3 Filing Fee: \$25.00