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Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : I19990000006 : (407)425-7010 Phone

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: jlagmay@wendovergroup.com

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	<b>~</b> 3·	COVER LETTER	
TO:	Registration S Division of Co		
^	CRESTFI	ELD MANOR DEVELOPER, LLC	
SUBJ	ECT:	Name of Limited Liability Company	
The er	iclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please	return all corresp	ondence concerning this matter to the following:	
		N. Dwayne Gray, Jr., 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 jlagmay@wendovergroup.com	
		E-mail address: (to be used for future annual report notification	יום ו
For fur	ther information o	concerning this matter, please call:	•
Jessica	Snyder, Corpora	te Paralegal 407 425-7010	
		of Person Area Code Daytime Tele	

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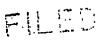
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 H19000311239 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2018 OCT 21 P 1: 43 Crestfield Manor Developer, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) TALLAHASSEL. I 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 "LLC." 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 \_, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Jonathan and Nancy Wolf Family Trust 1, dated August 6, 2018	1105 Kensington Park Dr.	<u> </u>
	11 to 1, united August 0, 2010		■ Add
		Suite 200	70
		Altamonte Springs, Florida 32714	□ Remove
		Additione Springs, Florida 32714	Change
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