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(((H19000311243 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : I19990000006 : (407)425-7010

: (407)425-2747 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

jlagmay@wendovergroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DURHAM PLACE DEVELOPER, LLC

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OCT 2 - 2019

T. LEMEUX

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•		COVER LETTER	•
TO: Registration S Division of Co			
DURHAI	M PLACE DEVELOPER, LLC	-	
3000EC1.	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and lee(s) are su	ebmined for filing.	
	ondence concerning this matte		
	N. Dwayne Gray, Jr., Esc) .	
		Name of Person	-
	Zimmerman, Kiser & Sui	teliffe, P.A.	
		Firm/Company	
	315 E. Robinson Street, S	Suite 600	
		Address	
	Orlando, Florida 3280]		
	::	City/State and Zip Code	
	jlagmay@wendovergroup.	con) (to be used for future annual report notif	-
For further information of	concerning this matter, please of		ncanonj
Jessica Snyder, Corpora		407 425-7010	
	f Person	ot ()	: Telephone Number
		·	•
Enclosed is a check for the	he 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 chalosed)
		•	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Bullding 2661 Executive Center Circle Tallabassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULED

海部 OCT 21 P 1:35

(Name of the Limited Lia (A Flo	
	hility Company as it now appears on our records.) And Limited Liability Company) TALL AND SOLL I LONG
e Articles of Organization for this Limited Liability	y Company were filed on 10/03/2014 and assigned
orida document number L14000157819	·
is amendment is submitted to amend the following	;
If amending name, enter the new name of the li	imited liability company here:
new name must be distinguishable and contain the words "[Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET AD	DRESS)
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX	
If amending the registered agent and/or rej	gistered office address on our records, enter the name of the ne
ristered agent and/or the new registered office a	ddress have:
Nume of New Registered Agent:	
<u> </u>	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
<u> </u>	Enter Florido street address , Florida
<u> </u>	
<u> </u>	, Florida
New Registered Office Address: We Registered Agent's Signature, if changing Register	City Zip Code
New Registered Office Address: We Registered Agent's Signature, if changing Registered agenting accept the appointment as registered agenting the appointment as registered agenting accept the appointment accept the acc	City Zip Code
New Registered Office Address: W Registered Agent's Signature, if changing Registered agenties accept the appointment as registered agentisions of all statutes relative to the proper and sept the obligations of my position as registered	City Zip Code Total Agent: Int and agree to act in this capacity. I flirther agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is
New Registered Office Address: W Registered Agent's Signature, if changing Registered agenties accept the appointment as registered agentisions of all statutes relative to the proper and sept the obligations of my position as registered ng filed to merely reflect a change in the register	City Zip Code Total Agent: Int and agree to act in this capacity. I flutther agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability
New Registered Office Address: W Registered Agent's Signature, if changing Registered agenties accept the appointment as registered agentisions of all statutes relative to the proper and sept the obligations of my position as registered	City Zip Code Teed Agent: Int and agree to act in this capacity. I fluther agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability
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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>	Name	Address	Type of Action
MBR	Jonathan and Nancy Wolf Family Trust I, dated August 6, 2018	1105 Kensington Park Dr.	
		Suite 200	Add
		Suite 200	□ Remove
		Altamonte Springs, Florida 32714	
			Change
			□ Change
			Remove
			☐ Change
			D Add
			Remove
			□ Change
			C Remove
			☐ Chenge
			□ Add
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u>. </u>
Note:	ive date, if other than the date of filing: Oligitaries Oligitaries Optional
the rec	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
y ine	90th day after the record is filed.
Darad	2019
Dalou	Draobner 15
	$\sim \eta$
	Signature of a member or authorized representative of a member
	Jonathan L. Wolf, Manager

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Filing Fee: \$25.00