

Nov 19 2015 04:57PM HP Fax

Division of Corporations

L15000080489

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DANIEL HICKS, P.A.
Account Number : 075061003325
Phone : (352) 351-3353
Fax Number : (352) 351-8054

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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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WILDWOOD POINTE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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November 19, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DANIEL HICKS PA

SUBJECT: WILDWOOD POINTE, LLC
REF: L15000080489

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000275586
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SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WILDWOOD POINTE, LLC

~~(Name of the Limited Liability Company as it appears on our records)~~
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 6, 2015 and assigned
Florida document number L15000080489

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15395 SE 80TH AVE.SUMMERFIELD, FL 34491

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:

RONALD D. BROWN

New Registered Office Address:

15395 SE 80TH AVENUEEnter Florida street addressSUMMERFIELDCityFlorida 34491Zip 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIEL HICKS	421 S. PINE AVE.	<input type="checkbox"/> Add
		OCALA, FL 34471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RONALD D. BROWN	15595 SE 80TH AVENUE	<input checked="" type="checkbox"/> Add
		SUMMERFIELD, FL 34491	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, 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:

(b) The 90th day after the record is filed.

Dated NOVEMBER 18 2015

Signature of a member or authorized representative of a member

DANIEL HICKS, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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Filing Fee: \$25.00

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