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Division of Corporations

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From:

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

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

Fax Number : (487)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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BRISTOL MANOR GP, LLC

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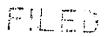
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		•	COVER LETTER	¥.
TO:	Registration S Division of Co	Section Orporations		13,
SUBJEC	BRISTOI	MANOR GP, LLC		•
402020		Name of Li	mited Liability Company	
The encl	ased Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all corresp	ondence concerning this mane	r to the following:	
		N. DWAYNE GRAY, JR	, ESQUIRE	
		egistration Section Wision of Corporations BRISTOL MANOR GP, LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. Manual correspondence concerning this matter to the following: N. DWAYNE GRAY, JR, ESQUIRE Name of Person ZIMMERMAN, KISER & SUTCLIFFE, P.A. Firm/Company 315 E. ROBINSON STREET, STE 600 Address ORLANDO, FLORIDA 32801 Caty/State and 7-ip Code jlagmay@wendovergroup.com E-mail address: (to be used for future annual report notification) information conceroing this matter, please call: der, Corporate Paralegal Name of Person Area Code Daytime Tolephone Number		
		ZIMMERMAN, KISER A	SUTCLIFFE, P.A.	
			Firm/Company	
		315 E. ROBINSON STRI	EET, STE 600	
SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this manter to the following: N. DWAYNE GRAY, JR, ESQUIRE Name of Person ZIMMERMAN, KISER & SUTCLIFFE, P.A. Firm/Company 315 E. ROBINSON STREET, STE 600 Address ORLANDO, FLORIDA 32801 Caty/State and 74p Code jlagrangy@wendovergroup.com E-mail address: (to be used for future annual report notification) For further information conceroing this matter, please call: Jessica Snyder, Corporate Paralegal Name of Person Area Code Daytime Tolephone Number Enclosed as a check for the following amount: Subject of Status Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURSER ADDRESS:				
		ORLANDO, FLORIDA 3	2801	
		jlagmay@wendovergroup.	•	
		•		fication)
For furthe	r information c			
Jessica Sr	nyder, Corporat	c Paralegal	~ (
	Name o	f Porson	Area Code Daytime	Tolephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registra Division P.O. Bo	ation Section n of Corporations ix 6327	Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ntions nter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BRISTOL MANOR GP, LLC	969 001 21 55 15 61
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on por records.)
The Articles of Organization for this Limited Liability Company Florida document number L15000124980	were filed on July 21, 2015 Art Access and essigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, <u>enter the name of the new</u> :
New Registered Office Address:	Enter Florida street address
	, Florida
No. 7	City Z!p Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chang	ging 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

Title	Name	Address	Type of Action
MBR	Jeffrey B. Sharkey	1105 Kensington Park Drive	
		Suite 200	Remove
		Altamonte Springs, FL 32714	Change
			□ Ramove
			O Change
			□ Remove
			□ Change
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Effectiv	ctive date, if other than the date of filing: 10 18 16 (optional) ctive 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 filed the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's meaning.
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