

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000258327 3)))



H160002583273ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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

Account Number : I19990000006 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: Ischmidt@zkslawfirm.com

SECRETARY OF STATE
ALLAHASSEE. PLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BERKSHIRE SQUARE DEVELOPER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

SECRE LARY OF STATE TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help
D. SCOTT

OCT 2 0 2010

(((H16000258327 3)))

## COVER LETTER

	ration Section on of Corporations	
Ber SUBJECT:	erkeley Landing Developer, LLC	
JUDIECT:	Name of Limited Liability Company	
The enclosed Art	rticles of Amendment and fce(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	N. Dwayne Gray, Jr., Esq.	
	Name of Person	
	Zimmerman Kiser Sutcliffe, P.A.	
	Fixu/Company	
	315 E. Robinson Street, Suite 600	
	Address	
	Orlando, FL 32801	
	City/State and Zip Code	
	dgray@zkslawfirm.com	野らり
For further inform	E-mall address: (to be used for future annual report notification) rmation concerning this matter, please call:	ASSENTATION IN THE PROPERTY OF
	at ()	1012
	Name of Person Area Code Daytime Telephone Number	TE 19
Enclosed is a che	eck for the following amount:	
☑ \$25.00 Filing	g Fee S30.00 Filing Fee & S55.00 Filing Fee & \$60.00 Filing Fee Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed)	Status &

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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(B)	Berkshire Square Developer, ame of the Limited Liability Company as it n (A Florida Lumied Liability C	LLC ow appears ompany)	on our records,)		
The Articles of Organization for	this Limited Liability Company were fil	ed on	09/08/2015	and a	signed
Florida document number	L15000153425				
This amendment is submitted to	amend the following:				
A. If amending name, enter th	e new name of the limited liability con	idany he	<u>re</u> ;		
The new name must be distinguishable	and contain the words "Limited Liability Comp	any," the de	signation "LLC" or the	abbrevietion "L.	L.C."
Enter new principal offices add	ress, if applicable:				
(Principal office address MUST	BE A STREET ADDRESS)		,		<del></del>
Enter new mailing address, if a (Mailing address MAY BE A PO	• •			TAS S	<u> </u>
	d agent and/or registered office ado v registered office address here:	dress on	our records, ente	er the aime	of the me
					呈口
Name of New Registers	ed Agent:	<del>_</del>		9	<u></u>
New Registered Office	Address:	Enter Flori	da street address	<u> </u>	<u> </u>
•			. Florida		
	City		***************************************	Zip Code	<del></del>

## 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

Page 1 of 3

(((H18000258327 3)))

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	<u>Address</u>	Type of Action
Member	Glen Bamberger	1105 Kensington Park Drive	⊠ Add
		Suite 200	□ Remove
		Altamonte Springs, FL 32714	Change
Member	Ryan VonWeller	1105 Kensington Park Drive	
		Suite 200	□ Remove
		Altamonte Springs, FL 32714	Change
			□ Add
			□ Remove
			Change
			TALL APPREND TO
			THE Change
			D Remove
			☐ Change
			□ Add
			Remove
			Change

ii amenan	g any other information, enter change(s) here: (Auach additional sheets, if necessary.)
*	
namatini na hana	
<del>-</del>	
•	
	7,0
, , , , , , , , , , , , , , , , , , ,	\$2. <b>19</b>
	0
Effective d Note: If the document's	ate, if other than the date of filing:
he record The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: it day after the record is filed.
Dated	October 18 2016
	11,701
	Signature of a member or authorized representative of a member
	The second secon

Page 3 of 3 Filing Fee: \$25.00

(((H16000258327 3)))