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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.\*\*

jlagmay@wendovergroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRISTOL MANOR DEVELOPER, LLC

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OCT 2 2 2018

## H19000311232 3

		e	COVER LETTER	
TO:	Registration Division of C			
		L MANOR DEVELOPER, LLC		
SUB	ÆСТ:	Name of Lim	ited Liability Company	<del></del>
The c	nclosed Articles	of Amendment and fee(s) we sub	mitted for filing.	
Pleas	e return all corres	pandence concerning this matter	to the following:	
		N. DWAYNE GRAY, JR,	ESQUIRE	
			Name of Person	
		ZIMMERMAN, KISER &	SUTCLIFFE, P.A.	
		<del></del>	Firm/Company	<del></del>
		315 E. ROBINSON STRE	ET, STE 600	
			Address	
		ORLANDO, FLORIDA 3	2801	
		<del></del>	City/State and Zip Code	···
		jlagmay@wendovergroup.c		fanias)
E A	untinu in formation	e-mail address: ( n concerning this matter, please c	to be used for future annual report notif	icanos)
			407 425-7010	
Jessi	ca Snyder, Corpo	e of Person	et ( )	: Telephons Number
	Num	e tu Person	yaca cook baynan	
Enclo	sed is a check fo	r the following amount:		
<b>S</b>	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 H19000311232 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRISTOL MANOR DEVELOPER, LLC	
(Name of the Limited Labili (A Florida	ry Company as it now appenrs on our records.) a Climited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on September 8, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name most be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LL C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	RESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amonding the registered agent and/or registered agent and/or the new registered office address and/or the new registered address and/or the new registe	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florido str <del>eet</del> address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and	t and agree to act in this capacity. I further 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 red office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

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## H190003112323

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	Jeffrey B. Sharkey	1105 Kensington Park Drive	Add
		Suite 200	■ Remove
		Altemonte Springs, FL 32714	☐ Change
MBR	Jonathan and Nancy Wolf Family Trust I, dated August 6, 2018	1105 Kensington Park Drive	■ Add
		Suite 200	□ Remove
		Allemente Springs, FL 32714	☐ Change
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			D Change
<u>.</u>			
		.,	□ Remove
			☐ Change

Hective date, if other than the date of filing: Fig. 19 19 19 19 19 19 19 19 19 19 19 19 19	(optional) of filing or more than 90 days after filing.) Pursuant to 605.02 tutory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not an e The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier

Page 3 of 3

Typed or printed name of signee

Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Jonathan L. Wolf, Manager