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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : I19990000006 Phone : (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. \*\*

corporate@zkslawfirm.com Email Address:

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

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## **COVER LETTER**

| TO: Re           | gistration Se<br>vision of Cor        | ection<br>porations                             |   |  |   |                     |
|------------------|---------------------------------------|---|---|--|---|---------------------|
| SUBJECT:         |                                       | nor Developer, LEC                              |   |  |   |                     |
| SOBVECT.         | · · · · · · · · · · · · · · · · · · · | Name of Lim                                     | ited Liability Company  |  |   |                     |
| The enclose      | d Articles of                         | Amendment and fee(s) are sub                    | mitted for filing.  |  |   |                     |
| Please retur     | n all correspo                        | ondence concerning this matter                  | to the following:   |  |   |                     |
|                  |                                       | n. Dwayne Gray, ir.                             | , ESQ.  |  |   |                     |
|                  |                                       |   | Name of Person  |  | ~   |                     |
|                  |                                       | ZIMMERMAN KISER SU                              | JTCLIFFE, P.A.  |  |   |                     |
|                  |                                       |   | Firm/Company  |  | TAS:                                      |                     |
|                  |                                       | 315 E. ROBINSON STRE                            | ET, SUFFE 600   |  | 2021 AUG 25<br>SECKLIVSKY<br>ALL KLIVSSKY | پرومن <b>د</b><br>د |
|                  |                                       | ······································          | Address   | ······································ | 255<br>255<br>26 S                        | ** 41 ***           |
|                  |                                       | ORLANDO, FL 32801                               |   |  | 5 <b>AH IO:</b>                           |                     |
|                  |                                       |   | City/State and Zip Code   | *******************************        | <b>AM 10:</b>                             |                     |
|                  |                                       | jlagmay@wendovergroup c                         | om<br>to be used for future annual report north                     | cation)                                | 35  |                     |
| For further i    | aformation c                          | concerning this matter, please of               |   | cuito                                  |   |                     |
| Jansie L. Br     | OWB                                   |   | 407 425-7010<br>at {}}  |  |   |                     |
|                  |                                       | i Person  | Area Code Daytime   | Telephone Numbe                        | ι   |                     |
| Enclosed is      | a check for ti                        | be following amount:                            |   |  |   |                     |
| <b>\$2</b> 5,001 | Filing Fee                            | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is encloses) | Certified                              | ste of Status &                           |                     |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallshassee, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | (A Florida Lin                | empany as it now appears on our records,<br>ited Unbring Company)   | .)                           |  |
|---|-------------------------------|---|------------------------------|--|
| The Articles of Organization for this Limited Liability Company were filed on 09/08/2015  Florida document numberL15000153444                             |                               |   |                              |  |
| This amendment is submitted to amend the fol  | lowing:                       |   |                              |  |
| A. If amending name, enter the new name of  | of the limited                | liability company here:   |                              |  |
| be new name must be distinguishable and contain the   | words "Limited"               | Liability Company," the designation "LLC"                           | or the abbreviation "L.L C." |  |
| Enter new principal offices address, if applicable:   |                               | N/A   |                              |  |
| Principal office address MUST BE A STRE   | ET ADDRES.                    | <u> </u>  |                              |  |
| Cotor non-mailing address if applicables  |                               | N/A   |                              |  |
| inter new mailing address, if applicable:   |                               | 111.5   |                              |  |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE   | <u> BOX)</u>                  |   |                              |  |
| Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and   | Vor registere                 | d office address on our records,                                    |                              |  |
| Mailing address MAY BE A POST OFFICE  | Vor registere                 | d office address on our records,                                    | enter the name of the        |  |
| Mailing address MAY BE A POST OFFICE  If amending the registered agent and existered agent and/or the new registered of                                   | Vor registere<br>Mice address | d office address on our records,                                    | enter the name of th         |  |
| Mailing address MAY BE A POST OFFICE  I. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:          | Vor registere<br>Mice address | d office address on our records, here:  Enter Flanda sirver oddress | enter the name of the        |  |
| Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: | Vor registere<br>Mice address | d office address on our records,                                    | enter the name of the        |  |

If Changing Registered Agent, Signature of New Registered Agent

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   | <u>Name</u>   | <u>Address</u>                    | Type of Action |
|---------|---|-----------------------------------|----------------|
| MBR     | Jonathan and Nancy Wolf Family Trust I Dated 8/6/18 | 1105 Kensington Park Dr., Sic 200 | ☐ Add          |
|         |   | Altamonte Springs, FL 32714       | ell Remove     |
|         |   |                                   | Change         |
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| Tective date, if other than the c                            | ate of filing:                                  | (optional)   |
| ote: If the date inserted in this blo-                       | ik does not meet the applicable statutory fill  | more than 90 days after filing.) Pursuant to 605.02<br>ng requirements, this date will not be listed |
| cument's effective date on the Dep                           | eartment of State's records.                    |  |
| l ve Bereitelanen  |   | time at 17,01 a.m. on the pariller   |
| t record specifies a delayed.<br>The 90th day after the reco | rd is filed.                                    | time, at 12:01 a.m. on the earlier   |
| netral   | .2021   |  |
| ated 08 24   |   |  |
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| ***************************************                      | ignate of a member or authorized representative | e of a member  |
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