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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT

Account Number : I20170000084 : (407)909-9957 Phone Fax Number : (407)909-9957

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 10380 KENSINGTON SHORE DRIVE, LLC

Certificate of Status	0
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## **COVER LETTER**

TO:	Registration Divi <b>ti</b> on of C	Section Corporations			
63.30 TI	10380 K	ensington Shore Drive, LLC			
SUBJECT: Name of Limited Liability Company					
The enc	closed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please i	return all corres	pondence concerning this matte	to the following:		
		Michelle Dadisman			
		***************************************	Name of Person		
		Tavistock Financial, LLC			
			Firm/Company	<del> </del>	
		9350 Contoy Windermer			
		<del></del>	Address	<del> </del>	
		Windermere, FL 34786			
			City/State and Zip Code		
		michelle.dadisman@tavist			
For furt	her information	n-man address: n concerning this matter, please	to be used for future annual report not call:	inegtion)	
	le Dadisman		40? 909-9957		
	Nam	e of Person	at ()at ()Daytin	ne Telephone Number	
Enclose	d is a check fo	the following amount:			
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regi Divi P.O.	HAING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassec, FL 3	enter Circle	

## ARTICLES OF AMENDMENTS TO ARTICLES OF ORGANIZATION, 14 P 4: \$5 OF MAINTIPLE STATES

	OF	SU13 140.	· Andrews
10380 Kensington Share Drive, LLC		Sin wa	, ,
	bility Company as it	now appears on our records.) Cumpany)	
(A riot	nda Limited Liability	Company)	
The Articles of Organization for this Limited Liability	y Company were fi	iled on March 30, 2016	and assigned
Florida document number L16000062459	·		
This amendment is submitted to amend the following:	;		
A. If amending name, enter the new name of the li	mited liability co	mpany here:	
The new name must be distinguishable and contain the words "I.	imited Liability Com	pany," the designation "LLC" or t	lie abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	******	**** M.S. (-3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u>-</u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office at		idress on our records, <u>en</u>	ter the name of the ne
registered agent untillor me new registered office at			
Name of New Registered Agent:			
Nigna D. vila. 1 (200 . A 11			
New Registered Office Address:		Enter Florida street address	
		tel kulida	
<del></del>	City	, Florida	Zip 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

4 /5

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
VP/T	Jeffrey S. Smith	6900 Tavistock Lakes Blvd	
	<del></del>	Suite 200	
		***************************************	
		Orlando, FL 32827	🗇 Change
VP/T	Benjamin A. Weaver	6900 Tavistock Lakes Blvd.	
		Suite 200	
			☐ Remove
		Orlando, FL 32827	□ Change
****			O Add
			□ Remove
		1201-2	☐ Change
			Add
			□ Remove
		<del></del>	Change
***************************************			Add
			☐ Remove
			Change
			🗀 Remove
			Change

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17. 11 410	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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<u>Note:</u>	ve date, if other than the date of filing:
If the red (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Marchelow 14 . 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Michelle R. Rencoret, Vice President & Secretary
	Lyped or printed name of signee

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Filing Fee: \$25.00