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Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : I1999000006 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: \ Schmidt@zkslawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAWTHORN PARK, LLC

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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|--|--|
| Hawthorn SUBJECT: | Park, LLC | | |
| 3030EC17 | Name of Lim | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(8) are sub | mitted for filing. | |
| Please return all correspond | ondence concerning this matter | to the following: | |
| | N. Dwayne Gray, Jr., Esq. | , | |
| | | Name of Person | |
| | Zimmerman Kiser Sutclift | e, P.A. | |
| | | Firm/Company | |
| | 315 E. Robinson Street, St | nite 600 | |
| | | Address | |
| | Orlando, FL 32803 | | |
| • | | City/State and Zip Code | |
| | dgray@zkslawfirm.com | to be used for future annual report notific | cation) |
| For further information of | oncerning this matter, please of | • | - |
| N. Dwoyne Gray, Jr. | | 407 425-7010 | <u></u> |
| Name o | f Person | Area Code Daytims | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ≅ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filling Fee & Cortified Capy (additional copy is enclosed) | ☐ \$60.00 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/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 (((H16000226657 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hawthorn Park, LLC (Name of the Limited L The Articles of Organization for this Limited Liability Company were filed on 8/04/2016 and assigned Florida document number _____L16000146306 This amondment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rochester Park Developer, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Plovida street address , Florida Zīv 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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, onter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR ≈ Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|---------------|---------------|-----------------------------------|---------------------------|
| MGR | Jonathan Wolf | 1105 Kensington Park Dr., Ste 200 | Add |
| | | Altamoure Springs, FL 32714 | Removo |
| | | | Change |
| MGR | Jonathan Wolf | 149 Hartson Court | |
| | | Heathrow, FL 32746 | ☐ Remove |
| | | | M Change |
| | | | D Add |
| | <u></u> | | Ramove 23 SEP 12 AF 9: 27 |
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| _ | - | | □ Add |
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| f amending any other informat | ion, enter change(s) here: (At | tach additional sheets, if n | (cessary.) |
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| e record specifies a delayed The 90th day after the recor | effective date, but not an e d is filed. | ffective time, at 12:01 | a.m. on the earlier of: |
| ated <u>September 12</u> | 2016 | | |
| | n. On of | 5-6 | |
| | gnature of a merobyr or authorized re | presentative of a member | |
| | | | |

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