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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : 119990000006 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:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROCHESTER PARK DEVELOPER, LLC

Certificate of Status Certified Copy 0 07 **す** ラジ の Estimated Charge

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Corporate Filing Menu

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COVER LETTER

Division of Co						
Rochester SUBJECT:	Park Developer, LLC					
Jobabett.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	N. Dwayne Gray, Jr., Esq.					
		Nume of Person				
Zimmerman Kiser Stucliffe, P.A.						
	Fint/Company					
	315 E. Robinson Street, St	nie 600				
		Address				
	Orlando, FL 32801					
	dgray@zkslawfirm.com	City/State and Zip Code				
		to be used for future annual report notifi	cation)			
For further information of	concerning this matter, please c	all;				
		at () Area Code Daytime	Telephone Number			
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	CI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAIL	ING ADDRESS:	, STREET/COURIE	er address:			

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rochester Park Developer, LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number L16000146306	pany were filed on 08/04/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Jability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal affice address MUST BE A STREET ADDRESS	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9 0
registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature if changing Registered Age	Ant'

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

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If amending Anthorized 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>	Name	<u>Address</u>	Type of Action
Member	James E. Dyal	1105 Kensington Park Drive	■ Add
		Suite 200	
		Altomonte Springs, FL 32714	□ Change
			
			D Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	Add
			□ Remove
			☐ Chenge
			Change & Add
			□ Remove □
			☐ Change
			Add
			□ Remove
			Change

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D.	(((H16000276032 3))) If amending any other information, enter change(s) here: (Attach additional sheets, if necessar,	y.)
		9, 6
		NO. 101 10
		aF Luice
		B W 8: 10
		<u>(</u> **
E. (Effective date, if other than the date of filing: (aptional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.) Pursuant to 605.0207 (3)(b)
If t (b)	he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the earlier of:
	Dated Normbre 8	
	Signature of a member or authorized representative of a member	of the second section of the section of the second section of the second section of the second section of the section of the second section of the section

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Jonathan L. Lolf
Typed or printed affine of signee

Filing Fee: \$25.00