OCT. 21. 2019	3:	06PM
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NO. 9415 P. 1/5-



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H190003112823)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

•	
Account Name Account Number	: ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Mumber	1133390000000
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 Email Address: **8**3 10 2019 2 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 18 L (____ 64 **ROCHESTER PARK DEVELOPER, LLC ; i ;** C 2 Certificate of Status Ü TOP HUS â Certified Copy 0 **;**;; Page Count 05 NO Estimated Charge \$25.00

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Corporate Filing Menu

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DCT. 21. 2019 3:06	PM		NO. 9415 P. 2/5
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		: COVER LETTER	
TO: Registration !	Section	oo von het ter	
Division of Co	orporecions		
ROCHES	TER PARK DEVELOPER, L	LC	
	Name of L	imited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are s	ubmitted for filing.	
	ondence concerning this mate		
	N. Dwayne Gray, Jr., Es	quire	
		Name of Person	
	Zimmerman, Kiser & Su	tcliffe, P.A.	
		Firm/Company	
	315 E. Robinson Street, S	Suite 600	
		Address	
	Orlando, Florida 32801		
	ileana anna anna anna anna anna anna anna	· Ciry/State and Zip Code	
	jlagmay@wendovergroup. E-mail address:	(to be used for future annual report notifican	
For further information o	oncoming this matter, please a		
Jessica Suyder, Corporat		407 425-7010	
Name o		at ()	cplione Number
		_ ,	
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	NG ADDRESS:	STREET/COURIER / Registration Section	ADDRESS:
Division P.O. Bo	n of Corporations	Division of Corporation	S
Tellahas	ssee, FL 32314	Clifton Building 2661 Executive Center (Tallahassee, FL 32301	Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rochester Park Developer, LLC	2013 OCT 21 P 1: 19
(Name of the Limited Liability Co	ingany as it now appears on our records.)
(A FIONDA LIM	Ited Lizbility Company)
The Articles of Organization for this Limited Liability Comp	BRY Were filed on 08/04/2016
Florida document number6000146306	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited i	liability company here:
The new name must be distinguishable and contain the send of the send	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the obbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MOST BE A STREET ADDRESS	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address	
	Enter Florida street address
	, Florida
	City Zin 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 603, 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

Zip Code

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ı.

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>	Name	Address	Type of Action
MBR	Jonathan and Nancy Wolf Family Trust I, dated August 6, 2018	105 Keruington Park Dr.	A TOP OF ACTOR
		Suite 200	🖬 Add
			Remove
		Alramonte Springs, Florida 32714	Cbange
			C Add
			C Remove
			Change
			Add
			🛛 Remove
			Change
<u> </u>			🖸 Add
			C Remove
			Change
			O Add
			D Remove
			Change
			🗅 Add
			🛄 Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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-	
-	
Note:	ve date, if other than the date of filing: <u>to be ly</u> (optional) extive date is listed, the date must be specific and cannot be prior to date of bling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the rec (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_	Personalt 2019

	. N
Signatur	of a member or authorized representative of a member
Jonathan L. Wolf, Manager	
	Typed or printed name of signer

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Filing Fee: \$25.00

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