

SEP. 13. 2016 3:01PM
9/13/2016

Division of Corporations

NO. 1842 P. 1/7

L16000146314
Florida Department of State
Division of Corporations
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Division of Corporations
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Account Number : I19990000006
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HAWTHORN PARK GP, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hawthorn Park GP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

N. Dwayne Gray, Jr., Esq.

Name of Person

Zimmerman Kiser Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, FL 32803

City/State and Zip Code

dgray@zkslawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

N. Dwayne Gray, Jr.

407

425-7010

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

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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FILED
16 SEP 13 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H16000227861 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

Hawthorn Park GP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/04/2016 and assigned
 Florida document number L16000145314.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sterling Terrace GP, LLC

The 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:

(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 Florida street address

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan Wolf	1105 Kensington Park Dr., Ste 200	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan Wolf	149 Harston Court	<input type="checkbox"/> Add
		Heathrow, FL 32746	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

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TALLAHASSEE FLORIDA

(b) The 90th day after the record is filed.

Dated September 12, 2016
N. Dwayne Gray, Jr.
 Signature of a member or authorized representative of a member
N. Dwayne Gray, Jr., Esq.
 Typed or printed name of signee