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COVER LETTER

TO:		istration Sec sion of Corp					
cuto to	~~	FULHAM T	TERRACE GP, LLC				
SUBJE	C1:	-	Name of Lim	ited Liability Company			
The enc	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn	all correspon	ndence concerning this matter	to the following:			
			Amy E. Jellicorse, Esq.				
				Name of Person			
			Zimmerman Kiser Sutcliff	c, P.A.			
				Firm/Company		-	
			315 E. Robinson Street, St	uite 600			
				Address		-	
			Orlando, Florida 32801	Orlando, Florida 32801			
			City/State and Zip Code jlaginay@wendovergroup.com			-	
						2018 DEC	
			E-mail address: (to be used for future annual report notific	ation)	是是	
For furt	her is	nformation co	oncerning this matter, please c	all:		\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	·
Amy Je	llico	rse		407 425-7010 at ()		A A	
		Name of	f Person		Telephone Number	10: 38 SAIL LORUBA	
Enclose	d is a	check for th	e following amount:				
■ \$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

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 NOV. 30. 2018 5:36FM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NO. 7763 F. 3/5 (((H180003414723)))

FULHAM TERRACE GP, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	nent number L16000148700 ent is submitted to amend the following: ing name, enter the new name of the limited liability company here: cust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." rincipal offices address, if applicable: fice address MUST BE A STREET ADDRESS) ailing address, if applicable: ress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the newent and/or the new registered office address here:
The new name must be distinguishable and contain the words "Limited Liability Company," th	e 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)	
D. If any diverse and any and and any and any	on any passands, autom the passa of the
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the
	201
Name of New Registered Agent:	
New Registered Office Address:	77. C
Enter F	
City	FIOTION Code C
New Registered Agent's Signature, if changing Registered Agent:	: 3g

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

If NOV. 30. 2018 tl 5:36 PM erson(s) authorized to manage, enter the title, name, and addres NO. 7763 perf. 4/5ing added or removed from our records:

MGR = Manager AMBR = Authorized Member (((H180003414723)))

<u>Title</u>	Name	Address	Type of Action
MGR and MBR	Jonathan L. Wolf	1105 Kensington Park Drive	🖸 Add
		Suite 200	
		Altamonte Springs, FL 32714	□ Chance
			□ Add
			□ Remove
			Change
			□ Add
			☐ Remove
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			□ Remove
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			سراط				
-		Signature of a	momber or autho	nzec representat	ive of a member		
1	Jonathan L. Wolf, Ma	inager and Men	nher.				
_				d name of signee			

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