

L 16000148714

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
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Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TALLAND PARK GP, LLC**

Certificate of Status	0
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STATE DIVISION OF CORPORATIONS

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2024 AUG 30 AM 1:25



August 30, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TALLAND PARK GP, LLC
1105 KENSINGTON PARK DRIVE, STE. 200
ALTAMONTE SPRINGS, FL 32714

SUBJECT: TALLAND PARK GP, LLC
REF: L16000148714

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Last Page signature was cut off.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

FAX Aud. #: H24000294284
Letter Number: 224A00019603

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tolland 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:

Jennie Lagmay

Name of Person

Wendover Housing Partners, LLC

Firm/Company

1105 Kensington Park Drive., Suite 200

Address

Altamonte Springs, FL 32714

City/State and Zip Code

jlagmay@wendovergroup.com

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

For further information concerning this matter, please call:

Jennie Lagmay

407

333-3233 ext. 210

Name of Person

at (_____) _____
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Talland 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 8/10/2016 and assigned
Florida document number L16000148714

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 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

_____, Florida _____
City 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

Title	Name	Address	Type of Action
AMBR	Ryan S. Von Weller	1105 Kensington Park Drive., Suite 200	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kevin M. Kroll	1105 Kensington Park Drive., Suite 200	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Wendover Share, LLC	1105 Kensington Park Drive., Suite 200	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan L. Wolf 2023 Irrevocable Grantor Trust	1105 Kensington Park Drive., Suite 200	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<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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E. Effective date, if other than the date of filing: _____ (optional)

(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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 29, 2024

Signature of a member or authorized representative of a member

Jonathan L. Wolf, Manager

Typed or printed name of signer

Filing Fee: \$25.00