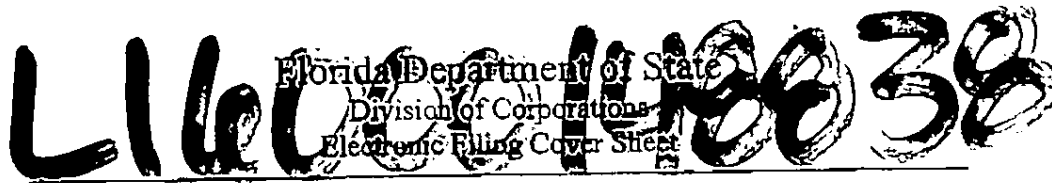


NOV. 27. 2018 4:25PM

NO. 7728 P. 1/6

Division of Corporations

<https://efile.sunbiz.org/scripts/efilecovr.exe>



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((H18000333202 3)))



H180003332023ABOV

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

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

2018 NOV 21 AM 9:45
TALLAHASSEE, FL

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

Email Address: jlagmay@wendovergroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARISBROOKE TERRACE GP, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

PLEASE FILE THIS AMENDMENT WITH THE ORIGINAL FILING DATE OF NOVEMBER 21, 2018 AS NOTED ON THE FAX CONFIRMATION SHEET

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S. PRATHER

11/28/2018

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NO. 7728 P. 2/6

P. 1

* * * COMMUNICATION RESULT REPORT (NOV. 21. 2018 9:00AM) * * *

FAX HEADER 1:
FAX HEADER 2:

TRANSMITTED/STORED : NOV. 21. 2018 8:58AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

7698 MEMORY TX

63

850-617-6381

OK

5/5

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) NO ANSWER
F-1) MAIL SIZE OVER

E-2) RUCV
E-4) NO FACSIMILE CONNECTION

Division of Corporations

<https://efile.sunbiz.org/scripts/efilecovr.exe>

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 517-6381

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: jlagmay@wendovergroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARISBROOKE TERRACE GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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NOV. 27. 2013 4:25PM

NO. 7728 P. 3/6

H18000333202 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARISBROOKE TERRACE 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:

Amy E. Jellicorse, Esq.

Name of Person

Zimmerman Kiser Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, FL 32801

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:

Amy Jellicorse

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
2561 Executive Center Circle
Tallahassee, FL 32301

H18000333202 3

H18000333202 3

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

CARISBROOKE TERRACE 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 08/10/2016Florida document number L16000148836

2018 NOV 21 AM 9:46
FILED
TALLAHASSEE
FLORIDA
CLERK OF CIRCUIT COURT

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR and MBR	Jonathan L. Wolf	1105 Kensington Park Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

HI8000333202 3

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

[illegible]

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 11/11, 2018

Signature of a member or authorized representative of a member

Jonathan L. Wolf, Manager and Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2018 NOV 21 AM 9:46
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

H18000333202 3