10/18 OCT. 28. 2016 12:47 PM

Division of Corporations

NO. 2216 P.

## Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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.

(((H16000258445 3)))



HI8000258445349C2

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 : 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: Ischmich @ ZKSlawfrem. com

HGCT 28 PM 1: 13 SECRETARY ST STATE LLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LYNDFORM COMMONS DEVELOPER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

FILED

MIN DCI 28 A III: 15

SECRETARY OF STATES

SECRETARY OF STATES

· S Warren

OCT 31 2018

(((H16000258445 3)))

## **COVER LETTER**

	ision of Co			
SUBJECT.	Lyndford (	Commons Developer, LLC		
JUDGECI.		Name of Lin	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	-	
		1	N. Dwayne Gray, Ir., Esq.	
			Name of Person	
		Zin	amerman Kiser Sutcliffe, P.A.	
			Firm/Company	·
		31	5 E. Robinson Street, Suite 600	
		<del></del>	Address	<del></del>
			Orlando, FL 32801	
			City/State and Zip Code	<del></del>
			dgray@zkslawfinn.com	
For further in	aformation o	concerning this matter, please co		
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for ti	ne following amount:		
☑ S25.00 F	iling Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lyndform Com	mons Developer, LLC	· · · · · · · · · · · · · · · · · · ·	
Lyndform Com (Name of the Limited Liability ( (A Florida Li	<u>Company as it now appear</u> mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on	08/10/2016	and assigned
Florida document number		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company be	ere;	
Lyndford Common	ns Developer, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		·
(Principal office address MUST BE A STREET ADDRE	<u>\$\$)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		<u></u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:		our records, ente	r the name of the new
New Registered Office Address:			
	Enter Flor	rida street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	1.		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance of nt as provided for in C	my duties, and I am Thapter 605, F.S. Or by confirm that the I	familial with and  If this document is immed liability
		91 <u>2</u>	24 -

(((H16000258445 3)))

Page 1 of 3

(((H18000259445 3)))

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	<u>Name</u>	Address	Type of Action
Member	Glen Bamberger	1105 Konsington Park Drive	
		Suite 200	□ Remove
		Altamonte Springs, FL 32714	□ Change
Member	Ryan VonWeller	1105 Kensington Park Drive	⊠Add
		Suite 200	□ Remove
		Altamonte Springs, FL 32714	Change
			D Add
			Remove
			Change
			□ Remove
			Change
			Add
			□ Romove
,		:	**************************************
	<u> </u>		Change Change Change Change
			Remodeller FLORE
			Change
	Pag	e 2 of 3	الله مي معلام مي وغ سر يد

,		* ***	
· · · · · · · · · · · · · · · · · · ·	Manager 1984 (1984)		
		150000	
·			
·			
<u> </u>			
<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(816) <u></u>	· · · · · · · · · · · · · · · · · · ·		······································
_			
		***	
ective date, if other than the dat effective date is listed, the date must be e: If the date inserted in this block uruent's effective date on the Depar	te of filing:  specific and cannot be prior to date of filing does not neer the applicable statutory truent of State's records.	or more than 90 days aft filling requirements, (I	tional) for tiling.) Pursuant to 603 020 his date will not be listed as
record specifies a delayed ef he 90th day after the reco <b>rd</b>	fective date, but not an effecti is filed.	ve time, at 12:01	a.m. on the earlier o
On			
od OCTORER /	2015		
	78		E T
Sign	ultime of a mornly or anthorized represent	utive of a member	128 8
			RE N
· · · · · · · · · · · · · · · · · · ·	Typed or printed manie of sign	is the second se	E CO
			FS =
	Page 3 of 3		A II: 15