

9/SEP. 23. 2013 10:21AM

Division of Corporations

NO. 7359

L16000018959

Florida Department of State
Division of Corporations
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Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
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Email Address: jlagmay@wendovergroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HARWICK PLACE DEVELOPER, LLC

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10-118

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: HARWICK PLACE DEVELOPER, 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, Florida 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

Name of Person

at (407) 425-7010
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 &
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(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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H18000282595 3)))

Harwick Place Developer, 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 09/10/2016 and assigned
Florida document number L16000148959.

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

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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SEP. 28. 2018 10:21AM

NO. 7339 P. 4

((H18000282595 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Sara Wolf	1105 Kensington Park Dr.	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, Florida 32714	<input type="checkbox"/> Change
MBR	Harrison Wolf	1105 Kensington Park Dr	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, Florida 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
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Dated September 26, 2018

September 28, 2018



Signature of a member or authorized representative of a member

Jonathan Wolf, Manager

Typed or printed name of signee

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