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То:	Division of Corporations Fax Number : (850)617-6383
From:	Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A. Account Number : I1999000006 Phone : (407)425-7010 Fax Number : (407)425-2747
Enter ann	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.
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COVER LETTER

NO. 9430 P. 2/5

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TO: Regutration Section Division of Corporations

WARWICK COMMONS DEVELOPER, LLC

SUBJECT:

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:

N. DWAYNE GRAY, JR., ESQUIRE

Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

Firm/Company

315 E. ROBINSON STREET, STE 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:

Jessica Snyder, Corporate Paralegal 407 425-7010 Name of Person Area Code Duytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (addhional 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

	NO. 9430 P. 3/5
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF	FILED
Ions developer, LLC	2619 OCT 21 P 2-13
me of the Limited Lishility Company as it now appears on our	records.)
his Limited Liability Company were filed on 8/23/2016	- 湾口 洛氏ふ気 にょうせい ア
new name of the limited liability company here: ind contain the words "Limited Liability Company," the designation ess, if applicable: The A STREET ADDRESS)	"LLC" or the abbreviation "L.L.C."
plicable:	
T OFFICE BOX)	
agent and/or registered office address on our rec egistered office address here:	ords, enter the same of the new
Agent:	
dress:	
Enter Florido street a	ldress
Clay	, Florida Zip Code
	TO ARTICLES OF ORGANIZATION OF (ONS DEVELOPER, LLC ment of the Limited Liability Company at it now suppers on our (A Plonds Limited Liability Company) his Limited Liability Company were filed on 157951 mend the following: new name of the limited liability company here: aid contain the words "Limited Liability Company," the designation ess, if applicable: Dicable: TOFFICE BOX) agent and/or registered office address on our recentstered office address here: Agent: Linter Florido street on

New Registered Agent's Signature, if changing Registered Agenti

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 Repistered 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	<u>Type of Action</u>
MGR and MBR	Jonathan L. Wolf	1105 Kensington Park Drive	
		Suite 200	
		Altamonte Springs, FL 32714	
MBR	Jonathan and Nancy Wolf Family Trust I, dated August 6, 2018	1105 Kensington Park Drive	Change
		Suite 200	Add
		Altamonte Springs, FL 32714	Change
MBR	Sara E. Wolf	1105 Kensington Park Drive	
		Suite 200	Renove
		Altamonte Springs, FL 32714	Change
MBR	Harrison F. Wolf	1105 Kensington Park Drive	E Add
		Suite 200	O Remove
		Altamonte Springs, FL 32714	D Change
			🖸 Add
		· · · · · · · · · · · · · · · · · · ·	C Remove
			Change
			🖸 Add
			🖾 Remove
			Change

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

NO. 9430 P. 5/5

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E. Effecti Of an eff	ive date, if other than the date of filing: 10118 (K. (optional) betive 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)(1) If the date inserted in this block does not ment the conflictly alternative filing to more than 90 days after filing.) Pursuant to 605.0207 (3)(1)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's affective date on the Department of State's records.
(f the re c (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.

Dated	<u>2019</u>
	Q
	Signature of a member or sumorized representative of a member
	Jonathan L. Wolf, Manager
	Typed or printed name of signee

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Filing Fee: \$25.00