

L16 000 160 902

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.

((H18000341656 3)))



H180003416563ABC1

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)617-5383

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I199900000096
Phone : (407)425-7010
Fax Number : (407)425-2747

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 DEC -3 AM 9:29

FILED

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
STERLING TERRACE DEVELOPER, LLC

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

T. CLINE

DEC -4 2018

EXAMINER

2018 DEC -3 AM 8:06

H18000341656 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STERLING TERRACE 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, FL 32801
City/State and Zip Code
ajagmay@wendovergroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Jellicorse at (407) 425-7010
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
2661 Executive Center Circle
Tallahassee, FL 32301

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2012 DEC -3 AM 9:29

FILED

H18000341656 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STERLING TERRACE 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 08/26/2016 and assigned Florida document number L16000160902.

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.

2018 DEC 31 AM 9:29
STATE OF FLORIDA
TALLAHASSEE

LD

If Changing Registered Agent, Signature of New Registered Agent

H18000341656 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>
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 checked="" type="checkbox"/> Change
MBR	Glen F. Bamberger	1105 Kensington Park Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change
MBR	Ryan S. Von Weller	1105 Kensington Park Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change
MBR	James E. Dyal	1105 Kensington Park Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input checked="" 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

2018 DEC - 3 AM 9: 29
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

FILED

