Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (550)617-5383

from:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : Il9990000005 : (407)425-7010 Phone ; (407)425-274? Pax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STERLING TERRACE DEVELOPER, LLC

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EXAMINER

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Corporate Filing Menu

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COVER LETTER

	Registration Sec Division of Corp				
STERLING		TERRACE DEVELOPER, LI	.c		
SUBJEC	ET:	Name of Limi	Name of Limited Liability Company		
The encl	osed Articles of a	Amendment and fee(s) are subt	nitted for filing.		
		Amy E. Jellicorse, Esq.			
			Name of Person		2018 DEC -3 AM 9: 29
		Zim:nerman Kiser Sutcliffs	e, P.A.	O S60.00 Filing Fee, Certificate of Status & Certified Copy (additional capy is enclosed) URIER ADDRESS:	
			Firm/Company		
		Name of Limited Liability Company of Amendment and fee(a) are submitted for filling. pondence 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 ilagmay@wendovergroup.com E-mail address: (to be used for future annual report notification) n concerning this matter, please call: at 407 Area Code at 407 Area Code To Daydine Telephone Number or the following amount: S30,00 filling Fee & Certified Copy (additional copy is enclosed) (additional copy is enclosed) at City State and Zip Code ilagmay@wendovergroup.com E-mail address: (to be used for future annual report notification) n concerning this matter, please call: S30,00 filling Fee & Certified Copy (additional copy is enclosed) (additional copy is enclosed) AREA CODE STREET/COURIER ADDRESS: STREET/COU			
			Address		
	Orlando, FL 32801				
			City/State and Zip Code		
			re submitted for filing. natter to the following: sq. Name of Person utcliffe, P.A. Firm/Company eet, Suite 600 Address City/State and Zip Code roup.com dress: (to be used for future annual report notification) ease call: at 407		
		E-mail address: (o be used for future annual report notific	ation)	
For furt	her information o	oncerning this matter, please ca	all:		
Amy Je	Hicorse		97 (
	Name o	f Person	Area Code Daytime	Felephone Number	
Enclose	d is a check for th	ne following amount:			
	.00 Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status Certified Copy	1918 DEC -
	Ragisti Divisio 2.0, B	ration Section on of Corporations ox 6327	Registration Section Division of Corporal Clifton Building 2661 Executive Cen	dons ES	AM 9: 2

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STERLING TERRACE DEVELOPER, LLC		
(Name of the Limited Liability Company (A Florids Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number L16000160902	ere filed on <u>08/26/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	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)		
11 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, e	nter the name of the new
New Registered Office Address:		
	Enser Florida street address	గా
	, Florid	ia
New Registered Agent's Signature, if changing Registered Agent:	City	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S	am familiar with and . Or, if this document is

Page 1 of 3

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>	Name	Address	Type of Action
MGR and MBR	Fonathen L. Wolf	1105 Kensington Park Drive	
		Suite 200	□ Remove
		Altamonte Springs, FL 32714	■ Change
MBR	Gion F. Bamberger	1105 Kensington Park Drive	
		Suite 200	
		Name of the Fit 20714	🗆 Remove
		Altamonte Springs, FL 32714	■ Change
MBR	Ryan S. Von Weller	1105 Kensington Park Drive	
		Suite 200	□ Remove
		Altamonte Springs, FL 32714	
		1105 Kensington Park Drive	
MBR	James E. Dyal	7105 Reliatington Face 51110	O Add
		Suite 200	☐ Remove
		Altamonte Springs, FL 32714	
			_
			Remove 22
			AMOSSIE: FLORIDA
			E G Remove
		**	□ ch laf ge

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If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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Note: If the document's he record	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Per date inserted in this block does not meet the applicable statutory filing requirements, this date we effective date on the Department of State's records. Specifics a delayed effective date, but not an effective time, at 12:01 a.m. or	ill not be ils	sied as the	(b)
The 90t	h day after the record is filed.			
Dated	11-29	H CAEA	2010 DEC	
-	Signature of a mornber or authorized representative of a member	1000 1012 1014	ئی	, ,
-	Jonathan L. Wolf, Manager and Member	<u> </u>	AH	
	Typed or printed name of signee	STATE Lorid	بې	
	Page 3 of 3	<u>?.</u>	29	

Filing Fee: S25.00