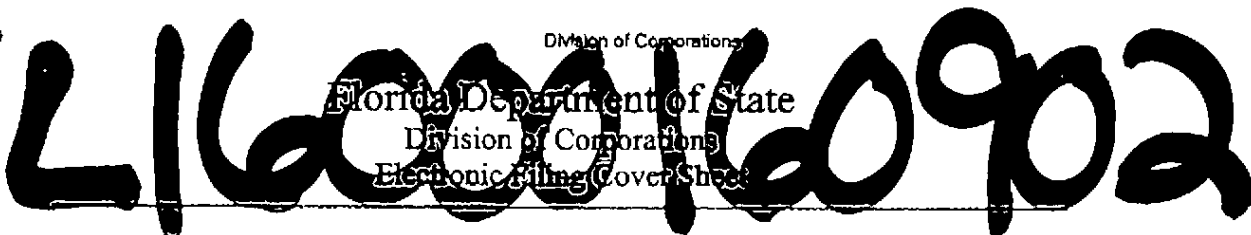


10/21/2019



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.

(((H19000311552 3)))



H190003115523ABC.

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 : I199900000006  
 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: jlagmay@wendovergroup.com

2019 OCT 21 PM 3:59

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 |

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 2019 OCT 21 PM 2:49  
 ALLEN COUNTY CLERK  
 1000 BANKERS BUILDING  
 WINTER HAVEN, FL 33884

OCT 2 - 2018  
T. LEMIEUX

H19000311552 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:

N. Dwayne Gray, Jr., 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:

Jessica Snyder, Corporate Paralegal

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

H19000311552 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2019 OCT 21 P 3:49

Sterling Terrace Developer, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA

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.*

If Changing Registered Agent, Signature of New Registered Agent

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          | Jonathan and Nancy Wolf Family Trust I, dated August 6, 2018 | 1105 Kensington Park Dr.         | <input checked="" type="checkbox"/> Add |
|              |  | Suite 200                        | <input type="checkbox"/> Remove         |
|              |  | Altamonte Springs, Florida 32714 | <input type="checkbox"/> Change         |
| MBR          | Sara E. 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 F. 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         |
|              |  |                                  | <input type="checkbox"/> Add            |
|              |  |                                  | <input type="checkbox"/> Remove         |
|              |  |                                  | <input type="checkbox"/> Change         |

H19000311552 3

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

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**E. Effective date, if other than the date of filing: 10/18/19 (optional)**

(If an effective 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)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated October 21 2019

Signature of a member or authorized representative of a member

Jonathan L. Wolf, Manager

Typed or printed name of signee