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	Note: Please print this page and use it as a cover sheet. Type the fax audi (shown below) on the top and bottom of all pages of the document. (((H17000290550 3))) H170002905503AEC3 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this so will generate another cover sheet.		
	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : BAND LAW GROUP, PL. Account Number : I2009000020 Phone : (941)917-0505 Fax Number : (941)917-0506 **Enter the email address for this business entity to be used fo annual report mailings. Enter only one email address please Email Address;	FULL ANASSET	FILED
2017 NOV - 3 PH I2: 03	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAKEWOOD PARTNERS, LLC Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$25.00		
of 1	Electronic Filing Menu Corporate Filing Menu Help	D. SCOTT NOV 6 2017	/3/2017, 11:54 AM

11/03/2017 11:56 John Mentzer		(FAX)941 917 0506	P.002/004
ARTICLES	OF AMENDMENT TO		
ARTICLES (DF ORGANIZATION		
	OF	į	
		i	
WAKEWOOD	PARTNERS, LLC		
(Name of the Limited Llability (A Florida L	Company as it now appears on our imited Liability Company)	r records.)	-
The Articles of Organization for this Limited Liability Con	npany were filed on <u>JANUA</u>	RY 11. 2017 and a	assigned
Florida document numberL17000006986	, <u>:</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	<u>d liability company here</u> :		
GRANTWOOD PART	INERS, LLC	•	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designatic	on "LLC" or the abbreviation "	"L.U.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		
			•
Enter new mailing address, if applicable:		,,,,,	·· <u>·</u> ····
(Mailing address MAY BE <u>A POST OFFICE BOX)</u>			
			1
B. If amending the registered agent and/or register	red office address on our r	ecords, enter the nam	e of the new
registered agent and/or the new registered office addres		201 1	
	dit .	9 W	
Name of New Projectured Agents	4	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			·]
	Enter Florida stree	t address	
		, Florida	
	City	, FIOFICA Zip Cod	(d
New Registered Agent's Signature, if changing Begistered A	igent:	•	

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

1

Page 1 of 3

If amending	11:56 John Mentzer Authorized Person(s) authoriz from our records:	ed to manage, <u>enter the title,</u>	(FAX)941 917 0506 P.003/00
MGR = M AMBR = A	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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1/03/2017	11:56 John Hentzer		(FAX)941 917 0506	P.004/004
D. If amena	ling any other information, enter	change(s) here: (Attach additio	nal sheets, if necessary.)	
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. Effective	date, if other than the date of fili	ng:	(optional)	
<u>Note:</u> If	ive date is listed, the date must be specific at the date inserted in this block does not	meet the applicable statutory filing	re than 90 days after filing.) Pursuan	t to 605.0207 (3)(b) bo listed as the
uoo uineu	i's effective date on the Department of	. 31816 3 16C0105,		
f the recor b) The 90	d specifies a delayed effective Oth day after the record is filed	date, but not an effective tir J.	me, at 12:01 a.m. on the	earlier of:
Dated	NOVEMBER 2	2017		
	Signature of s	a member or authorized representative o	f a member	
		GARY KAUFFMAN, ESQ.		
		Typed or printed name of signce		1
		Page 3 of 3		
		Filing Fee: \$25.00	1	
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