## U7000041192

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	•
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

SECRETARY OF STATE

D. SCOTT MAR 1 7 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 557802

AUTHORIZATION :

COST LIMIT : \$ 25.00

8072741

ORDER DATE: March 16, 2017

ORDER TIME : 12:41 PM

ORDER NO. : 557802-005

CUSTOMER NO: 8072741

## DOMESTIC AMENDMENT FILING

NAME: GREENACCESS WINTERGARDEN, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

## **COVER LETTER**

TO: Registration Division of C				
Greenace SUBJECT:	ess Wintergarden, LLC			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Michael D'Alessandro			
Name of Person				
Building HopeA Charter School Facilities Fund				
	***************************************	Firm/Company		
	910 17th Street NW, Suite	1100		
		Address	18 18 18 18 18 18 18 18 18 18 18 18 18 1	
	Washington, DC 20006		نب 	10 B
		City/State and Zip Code	<del></del>	多五九
	mdalessandro@bhope.org		3	誤るこ
	E-mail address: (	to be used for future annual report notifi	cation)	語る田
For further information	concerning this matter, please ca	all:		所引 <b>重</b> ロ
Michael D'Alessandro		202 457-1992		FILEU BO
Name	of Person	Area Code Daytime	Telephone Number	DA F
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 Feather Certificate of St Certified Copy (additional copy is to	atus &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greenaccess Wintergarden, LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on 2/21/2017 and assigned
Florida document number L17000041192	<del>-</del> -
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	imited liability company here:
Building Hope Lakewood Avenue, LLC	
The new name must be distinguishable and contain the words "I	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 AD)  Enter new mailing address, if applicable:	DRESS)
(Mailing address MAY BE A POST OFFICE BOX)	To an analysis of the second s
	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office a	ddress here:
Name of New Registered Agent:	50 <b>8 2</b>
New Registered Office Address:	P. d. Pl. Market and American
	Enter Florida street address
	, Florida
	City Zin 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>	Address	Type of Action
MGR	Paul Leleck	910 17th Street NW, Suite 1100	Add
		Washington, DC 20006	<b>■</b> Remove
		**************************************	☐ Change
MGR Dru Damico	Dru Damico	910 17th Street NW, Suite 1100	
		Washington, DC 20006	₩ Remove
		□ Change	
MGR Richard Moreno	Richard Moreno	1225 SE 2nd Avenue	□ Add
	Ft. Lauderdale, FL 33316	■ Remove	
		☐ Change	
MGR Building Hope Parkside	Building Hope Parkside Foundation	910 17th Street NW, Suite 1100	Add
		Washington, DC 20006	□ Remove
			Change
		TALE HAS A	
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		□ Remove ∞	
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ective date, if other than the done effective date is listed, the date must be the list that the date inserted in this blockwhent's effective date on the Dep	be specific and cannot be prior k does not meet the applic	able statutory filing re	(optional) than 90 days after filing equirements, this date	.) Pursuant o 605.04
record specifies a delayed ( The 90th day after the recor		ot an effective tim	e, at 12:01 a.m.	on the earlier o
March 15	2017			
1	W.	<u> </u>		
\$	ignature of a member or auth	orized representative of	a member	
Paul Leleck				

Page 3 of 3

Filing Fee: \$25.00