

10/21/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L190003115323

**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.**

(((H190003115323)))



H190003115323ABCZ

**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 : I19990000006  
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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HENLEY TERRACE GP, LLC**

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

6210 H&amp;D 12103 6166

FILED  
2019 OCT 21 PM 1:19  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 22 2019

TALLAHASSEE, FLORIDA

OCT. 21. 2019 3:08PM

NO. 9418 P. 2/5

H19000311532 3

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HENLEY TERRACE GP, 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., ESQUIRE

Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

Firm/Company

315 E. ROBINSON STREET, STE 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

Name of Person

407

Area Code

425-7010

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

H19000311532 3

OCT. 21. 2019 3:08PM

NO. 9418 P. 3/5

H19000311532 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2019 OCT 21 P 1:19

HENLEY TERRACE GP, 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 07/25/2019 and assigned  
Florida document number L19000181647

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

City, Florida 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

H19000311532 3

H19000311532 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	Jonathan and Nancy Wolf Family Trust I, dated August 6, 2018	1105 Kensington Park Drive	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H19000311532 3

NO. 9418 P. 5/5

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

(b) The 90th day after the record is filed.

Page 3 of 3

**Filing Fee: \$25.00**

H19000311532 3