# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H20000355882 3)))



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

: (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: Corporate@zkslawfirm.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAB WINTER PARK DEVELOPERS, LLC

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

(((H20000355882 3)))

#### **COVER LETTER**

Name of Lim  Name of Lim  nendment and fee(s) are sub  ence concerning this matter	ited Liebility Company imitted for filing.	
nendment and fee(s) are sub	:. omiπed for filing.	
nendment and fee(s) are sub	:. omiπed for filing.	
	-	
ence concerning this matter		
	to the following:	
N. DWAYNE GRAY, JR	., ESQUIRE	
	Name of Person	
ZIMMERMAN, KISER &	SUTCLIFFE, P.A.	
	Firm/Company	
315 E ROBINSON STRI	EET, SUITE 600	
<del></del>	Address	
ORLANDO, FLORIDA 3	2801	
	City/State and Zip Code	
<del></del>		
	·	cation)
	407 425-7010	
L30U	Area Code Daytime	Telephone Number
ollowing amount:		
□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Street Address:	
tion porations		
	N. DWAYNE GRAY, JR  ZIMMERMAN, KISER &  315 E ROBINSON STRI  ORLANDO, FLORIDA 3  CORPORATE@ZKSLAV  E-mail address: ( cerning this matter, please control  ollowing amount:  \$30.00 Filing Fee &  Certificate of Status	Name of Person  ZIMMERMAN, KISER & SUTCLIFFE, P.A.  Firm/Company  315 E ROBINSON STREET, SUITE 600  Address  ORLANDO, FLORIDA 32801  City/State and 2ip Code  CORPORATE@ZKSLAWFIRM.COM  E-mail address: (to be used for future annual report notification of the service of the serv

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(((H200003558B2 3)))

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### TAB WINTER PARK DEVELOPERS, LLC

۲.)	iame of	(he	imited	Liability	Com	any as i	l now	appears	סת הער	records.
			71	Florida	1171176	I sabilit	CAM	menu)		

(7.1.161.16	a Elimica Claotity Company)
The Articles of Organization for this Limited Liability (	Company were filed on 9/22/2020 and assigned
Florida document number L20000289813	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADD)	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address , Florida
	City 2p Code
New Registered Agent's Signature, if changing Registere	ed Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Oct. 13.	2020111:49AM11	Zimmerman,	Kiser	ź	Sutoliffe		No. 8630P. 4'	
----------	----------------	------------	-------	---	-----------	--	---------------	--

(((H20000355882 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

Title	Name	Address	Type of Action
MGR	SHANE ACEVEDO	315 E ROBINSON STREET	🗆 Add
		SUITE 600	■Remove
		ORLANDO, FL 32801	□Change
			Remove
			□Change
	<del></del>		□.Add
		<del></del>	Reinove
			Change
			□Add
			□Remove
			Change
<del></del>		<del>4.4</del>	
			Remove
		<u> </u>	Change
			□Add
			□ Remove □ Change

D. If amendin	g any other informati	ion, enter chai	nge(s) here: (	Attach addition	al sheets, if nec	essary.)	
					···		
			•				
							_
				····			
							<del></del>
							_
							_
							_
							<del></del> -
							_
							<del></del>
<u></u>	<u> </u>		. <del></del>				_
		· · · · · · · · · · · · · · · · · · ·					~
Note: If the	ate, if other than the c date is listed, the date must e date inserted in this blo effective date on the De	ck does not mee	t the applicable	are of filing or more statutory filing	(opti than 90 days after equirements, thi	onal) filing.) Pursuant to s date will not be	605.020 listed as
If the record spec record is filed.	cifies a delayed effective	date, but not an	effective time	at 12:01 a.m. on	the earlier of: (b	) The 90th day	after the
OCT Dated	OBER 13	· <del></del> 1 -	2020				
		- n		2	/)		