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.

(((H21000320903 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 Phone : (407)425-7010

: (407)425-2747 Fax Number

**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 BERKELEY BENSCHLEY GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

... COVER LETTER

TO: Regi	istration Se sion of Cor	ction porations .		
em ret.	BERKELE	Y BENSCHLEY GP, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		N. DWAYNE GRAY, JR.	, ESQ.	2021 AUG 26 SECRETARY TALL AHASSEE
			Name of Person	AUG.
		ZIMMERMAN KISER SI	JTCLIFFE, P.A.	LINE 26 PH 1
			Firm/Company	- F 12 12 17 17 17 17 17 17 17 17 17 17 17 17 17
		315 E. ROBINSON STRE	ET, SUITE 600	
			Address	S
		ORLANDO, FL 32801		
			City/State and Zip Code	
		jlagmay@wendovergr	oup.com to be used for future annual report notif	(mail.m)
For further in	formation c	oncerning this matter, please c	•	ication)
Jamie L. Bro			407 425-7010	
	Name o	ED-was	at ()	: Telephone Number
	Name	i ruson	Area Code Daytine	: reteptione Runtoer
Enclosed is a	check for th	ne following amount:		
\$25.00 Fi	iling 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)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURING Registration Section Division of Corpora	a c

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(((H21000320903 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERKELEY BENSCHLEY GP, LL	С		
(Name of the Limite	d Liebility Comp A Florida Limited	any as it now appears on our record Liability Company)	(<u>s.</u>)
The Articles of Organization for this Limited Lin Florida document number L.20000313080		y were filed on 10/13/2020	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ollity company here:	
N/A			
The new name must be distinguishable and contain the we	ords "Limited Liab	inty Company," the designation "ELC	or the abbreviation "E.L.C."
Enter new principal offices address, if applics	ble:	N/A	
(Principal office address MUST BE A STREET	"ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:	***		s, enter the name of the new
New Registered Office Address:	***************************************	Enter Flonda street addres	
		th.	orido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

(((H21000320903 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/AMBR	Berkeley Housing Initiative, Inc.	1105 Kensington Park Drive	□ Add
		Suite 200	☐ Remove
		Altamonte Springs, FL 32714	■ Change
			□ Remove
			☐ Change
			D Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
A4 *14: A = = = = = = = = = = = = = = = = = =			□ Add
			☐ Remove
			Change
			□ Remove
			∏ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	(((H2100032	
N/.	<u> </u>		
••••			

_	20	2021	
	<u>></u> ë	<u>A</u> —	
		2 ,	
	on	თ :	
	100 mms		
			
	ORICA		
			
_			
ifective	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pr	rsuant to 605.0207	r (3)
iote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date wil	I not be listed as	the
ncumer	t's effective date on the Department of State's records.		
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of	f:
ine 9	Oth day after the record is filed.		
	2004		
ated	August 26		
	August 26 , 2021 .		
	The state of the s		
	Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00