

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (855)498-5500

Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BERKELEY HARWICK CLASS B, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

M. SOLOMON

AUG 30 2024

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DIVISION OF CORPORATIONS
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Berkeley Harwick Class B, 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:

Jennie Lagmay

Name of Person

Wendover Housing Partners, LLC

Firm/Company

1105 Kensington Park Drive., Suite 200

Address

Altamonte Springs, FL 32714

City/State and Zip Code

jlagmay@wendovergroup.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Jennie Lagmay

407 333-3233 ext. 210
at (_____) _____

Name of Person

Area Code

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Berkeley Harwick Class B, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/09/2021 and assigned
Florida document number 1.21000357184.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Harwick Class B, LLC

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

_____, Florida _____
City 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

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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>
AMBR	Ryan S. Von Weller	1105 Kensington Park Drive., Suite 200	<input type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kevin M. Kroll	1105 Kensington Park Drive., Suite 200	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Wendover Share, LLC	1105 Kensington Park Drive., Suite 200	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan L. Wolf 2023 Irrevocable Grantor Trust	1105 Kensington Park Drive., Suite 200	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan and Nancy Wolf Trust I, Dated August 6	1105 Kensington Park Drive., Suite 200	<input type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August - 29 2024

Signature of a member or authorized representative of a member

Jonathan L. Wolf, Manager

Typed or printed name of signee

Filing Fee: \$25.00