

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L2200004263

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(((H22000127451 3)))



H220001274513ABCY

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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: corporate@zkslawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WHFT AFFORDABLE III GP, LLC

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

2022 APR -7 PM 4:25

2022 APR -7 PM 7:21
 STATE OF FLORIDA
 DIVISION OF CORPORATIONS
 MAIL ADDRESS SERVICE UNIT

APPROVED
 AND
 FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHFT AFFORDABLE III 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, SUITE 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

407 425-7010

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

WHST AFFORDABLE HL GP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on JANUARY 5, 2022 and assigned Florida document number L22090004263.

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 disjunctive and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal officer address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

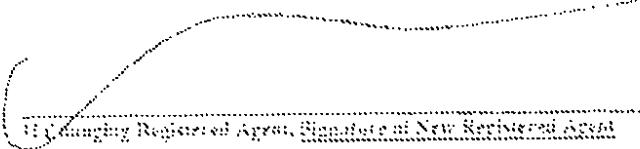
(Mailing address MAY BE A POST OFFICE BOX)

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: REBECCA KHODEN
New Registered Office Address: 211 N. BOLA DRIVE
Enter Florida street address
GFLANDO Florida 32891
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

2022 APR -7 PM 7:21
FILED
AND
APPROVED

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>
MBR	JONATHAN AND NANCY WOLF FAMILY TRUST I, DTD 8/6/2018	1105 Kensington Park Drive, Suite 200	<input type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JONATHAN AND NANCY WOLF FAMILY TRUST II, DTD 3/26/2022	1105 Kensington Park Drive, Suite 200	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<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

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

Multiple horizontal dotted lines for amending information.

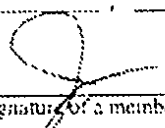
E. Effective date, if other than the date of filing: _____ (optional)

(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 09/09 2022


Signature of a member or authorized representative of a member

JONATHAN L. WOLF, MANAGER

Typed or printed name of signer

Filing Fee: \$25.00