

Division of Corporations  
Electronic Filing Cover Sheet

((H22000127446 3)))



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Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407)425-7010  
Fax Number : (407)425-2747

**Email Address:** corporate@zkslawfirm.com

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

2022 APR -7 PM 7:19

APPROVED  
AND  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WHFT AFFORDABLE H 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

407 435-7010  
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

SHIFT AFFORDABLE H, GF, 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 JANUARY 5, 2022 and assigned  
Florida document number: L22000094770.

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:

REBECCA RHODEN

New Registered Office Address:

215 N HOLA DRIVE

Enter Florida street address

ORLANDO

Florida

City

32801

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.*

(Changing Registered Agent, Signature of New Registered Agent)

APPROVED  
AND  
FILED  
2022 APR - 7 PM 7:19

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<br>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<br>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            |
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|              |                                                           |                                       | <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.)*

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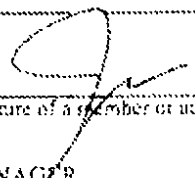
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2)(b)  
Note: If 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 04/01 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