

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
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  
WESTON 4 HUNDRED, LLC**

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

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Corporate Filing Menu

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K. SALY

JUN 27 2024

RECEIVED

2024 JUN 26 PM 3:34

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2024 JUN 26 AM 2:50

FILED

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Weston 4 Hundred, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate 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)

For further information concerning this matter, please call:

Jennie Lagmay

at (407) 333-3233 ext. 210

Name of Person

Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

FRI JUN 26

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Weston 4 Hundred, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office addressMUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing addressMAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is:
- M19000006624

3. Jurisdiction of its organization:
- Delaware

4. Date authorized to do business in Florida:
- 7/10/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_
- 
- (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 AddressFloridaCityZip CodeNew 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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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wendover Silverpeak Partners, LLC	1105 Kensington Park Dr., Suite 200	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
MGR	Weston 4 Hundred Manager, LLC	1105 Kensington Park Dr., Suite 200	<input type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Jonathan L. Wolf, Manager

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2024 JUN 26 AM 2:50  
CLERK OF DISTRICT COURT  
JALIAH B. SHERIDAN, CLERK

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