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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6363

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : T19990000006
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: jlagmay@wendovergroup.com

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STAFFORD POINT DEVELOPER, LLC

| | |
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T. CLINE
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EXAMINER

2018 DEC -3 AM 8:03

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STAFFORD POINT DEVELOPER, 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:

Amy E. Jellicorse, Esq.

Name of Person

Zimmerman Kiser Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, FL 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:

Amy Jellicorse

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STAFFORD POINT DEVELOPER, 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 08/10/2016 and assigned
Florida document number L:6000149110

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:

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 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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TALLAHASSEE, FLORIDA

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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> |
|--------------|--------------------|-----------------------------|--|
| MGR and MBR | Jonathan L. Wolf | 1105 Kensington Park Drive | <input type="checkbox"/> Add |
| | | Suite 200 | <input type="checkbox"/> Remove |
| | | Altamonte Springs, FL 32714 | <input checked="" type="checkbox"/> Change |
| MBR | Jeffrey B. Sharkey | 1105 Kensington Park Drive | <input type="checkbox"/> Add |
| | | Suite 200 | <input type="checkbox"/> Remove |
| | | Altamonte Springs, FL 32714 | <input checked="" type="checkbox"/> Change |
| MBR | Glen F. Bamberger | 1105 Kensington Park Drive | <input type="checkbox"/> Add |
| | | Suite 200 | <input type="checkbox"/> Remove |
| | | Altamonte Springs, FL 32714 | <input checked="" type="checkbox"/> Change |
| MBR | Ryan S. Von Weller | 1105 Kensington Park Drive | <input type="checkbox"/> Add |
| | | Suite 200 | <input type="checkbox"/> Remove |
| | | Altamonte Springs, FL 32714 | <input checked="" type="checkbox"/> Change |
| MBR | Sara E. Wolf | 1105 Kensington Park Drive | <input type="checkbox"/> Add |
| | | Suite 200 | <input type="checkbox"/> Remove |
| | | Altamonte Springs, FL 32714 | <input checked="" type="checkbox"/> Change |
| MBR | Harrison F. Wolf | 1105 Kensington Park Drive | <input type="checkbox"/> Add |
| | | Suite 200 | <input type="checkbox"/> Remove |
| | | Altamonte Springs, FL 32714 | <input checked="" type="checkbox"/> Change |

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

Multiple horizontal 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 11-28 2018

Signature of a member or authorized representative of a member

Jonathan L. Wolf, Manager and Member

Typed or printed name of signer

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TALLAHASSEE, FLORIDA