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Florida Department of State
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STAFFORD POINT DEVELOPER, LLC**

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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:

N. Dwayne Gray, Jr., Esq.
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)

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For further information concerning this matter, please call:

Jessica Snyder, Corporate Paralegal 407 425-7010
Name of Person at () Daytime Telephone Number
Area Code

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



August 27, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STAFFORD POINT DEVELOPER, LLC
1105 KENSINGTON PARK DRIVE, SUITE 200
ALTAMONTE SPRINGS, FL 32714

SUBJECT: STAFFORD POINT DEVELOPER, LLC
REF: L16000149110

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor
Registration Section

FAX Aud. #: H23000296251
Letter Number: 523A00020013

**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 L16000149110.

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)

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TALLAHASSEE, FL

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

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, dated August 6, 2018	1105 Kensington Park Dr.	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Altamonte Springs, Florida 32714	<input type="checkbox"/> Change
MBR	Jeffrey B Sharkey	1105 Kensington Park Dr.	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Altamonte Springs, Florida 32714	<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 lines for amending information.

E. Effective date, if other than the date of filing: Upon 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 24 2023

Signature of a member or authorized representative of a member

Jonathan L. Wolf, Manager
Typed or printed name of signee