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(((H230002962513)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I1999000006 : (407)425-7010 Phone 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 STAFFORD POINT DEVELOPER, LLC

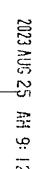
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COVER LETTER

	gistration Se vision of Cor						
(12 (12 22)		O POINT DEVELOPER, LLC					
SUBJECT:		Name of Limi	ited Liability Company				
The enclose	d Articles of .	Amendment and fee(s) are sub-	nitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		N. Dwayne Gray, Jr., Esq.					
			Name of Person				
		Zimmerman, Kiser & Sute	liffe, P.A.				
Firm/Company							
		315 E. Robinson Street, Su	ite 600				
			Address			20. Sci	:
		Orlando, Florida 32801				23 A	
		Jlagmay@wendovergroup.c	City/State and Zip Coon	əde		2023 AUG 25 SECRETARY TALL AUAS	j.
		E-mail address: (to be used for future am	mal report notificati	ion)		3"
For further	information c	oncerning this matter, please co	ıll:				ا پن
Jessica Sny	zder, Corporat	e Paralegal	407 at ()	425-7010		ं ल	
	Name o	f Person	Area Code	Daytime Te	lephone Number		
Enclosed is	a check for the	ne following amount.					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy)	y [.]	Certified (e of Status &	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, F1, 32314	Regi. Divis Clifi	EET/COURIER stration Section sion of Corporatio on Building Executive Center	ons		

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 FAX Aud. #: H23000296251

Regulatory Specialist II Supervisor Letter Number: 523A00020013

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stafford Point Developer, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000149110</u>	nany were filed on 08/10/2016	and assigned
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 I	Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2028 T
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	28 AUG 27
Enter new mailing address, if applicable:		S AH IN
(Mailing address MAY BE A POST OFFICE BOX)		9:12
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Emer 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>	Type of Action
MBR	Jonathan and Nancy Wolf Family Trust I, dated August 6, 2018	1105 Kensington Park Dr.	
		Suite 200	🗏 Remove
		Altamonte Springs, Florida 32714	☐ Change
MBR	Jeffrey B Sharkey	1105 Kensington Park Dr.	D Add
		Suite 200	■ Remove
		Altamonte Springs, Florida 32714	Change
			Remove
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lo <u>te:</u> If the	date is listed, the d date inserted in	this block doe	s not meet th	e applicable	ite of filing or most statutory filing	ore than 90 days grequirements	after filing.) Put s, this date will	not be listed as
ocument's	effective date on	the Departme	nt of State's	records.				
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e recora : The 90th	specifies a de n day after th	e record is	filed.	DOC HOC at	i enective t	iiie, at 12.	or a.m. on	the conner of
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Dated Augu	st 24 	 	202	<u></u> .				
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_		Signatu	re of a membre	or authorize	d representative	of a member		
		_	,					

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Filing Fee: \$25.00