

L14000096760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

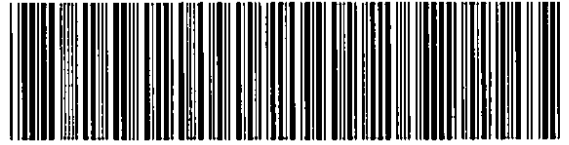
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300452479513

FILED
2025 JUN 12 PM 1:18
TALLAHASSEE, FLORIDA

RECEIVED
2025 JUN 12 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from the account: I20210000160: \$25.00

Authorized Signature *[Signature]*

Sanford Herald, LLC L14000096760

Business Name #Document

_____ Will
_____ Certified Copy of Articles of
_____ Certificate of Status

_____ Certified Copy of the Articles

_____ Certificate of Status

_____ Profit
_____ Not for Profit
_____ LLC
_____ Domestication
_____ INC
_____ CORP
_____ PLLC
_____ GP

X_____ Amendment
_____ Resignation of Member/MGR
_____ Resignation of Registered Agent
_____ Revocation of Dissolution
_____ Conversion
_____ Statement of Correction
_____ Merger
DISSOLUTION

OTHER FILINGS

_____ TRANSMITTAL LETTER

_____ Fictitious Name -

_____ Statement of Authority
business

_____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing
_____ Partnership
_____ Reinstatement
_____ Articles of CORRECTION
_____ Withdraw of Certificate of Authority
_____ TRADEMARK
_____ Domestication

_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANFORD HERALD, 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:

Cindy Chiavello

Name of Person

Bashore Green Law Group

Firm/Company

17 South Saginaw Street, 3rd Floor

Address

Pontiac, Michigan 48342

City/State and Zip Code

cindy@bglawpc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Chiavello

Name of Person

at (248)

Area Code

209-6009

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

RELEASE AND PERMISSION TO USE NAME

June 11, 2025

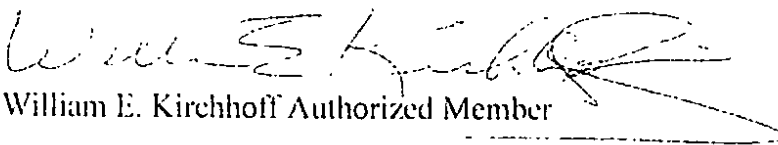
To: Florida Department of State Division of Corporations

Re: Release and Permission to Use Name Entity's Name: Sanford Herald, LLC Florida Doc. Number: L14000096760

The date the document was filed with the Division of Corporations: June 16, 2014

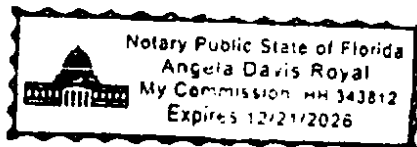
I give my permission to release the name: Sanford Herald, LLC to make it available to the Division of Corporations for use by others. I will not revoke this release of name.

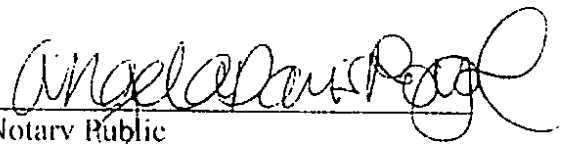
Sincerely,


William E. Kirchoff Authorized Member

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 11th day of June, 2025, by WILLIAM E. KIRCHHOFF, who is personally known to me or who has produced _____ as identification.




Notary Public
ANGELA DAVIS ROYAL
Name typed, printed or stamped

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

SANFORD HERALD, LLC

2025 JUN 12 PM 1:18

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 16, 2014 and assigned Florida document number L14000096760.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sanford Acquisitions 2, LLC

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)

William E. Kirchhoff

2044 Hibiscus Court

Sanford, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

William E. Kirchhoff

2044 Hibiscus Court

Sanford, FL 32771

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>
_____	_____	_____	<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
_____	_____	_____	<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.

FILED
2025 JUN 12 PM 1:18
TALLAHASSEE, FLORIDA

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 June 6, 2025

William Kirchhoff

Signature of a member or authorized representative of a member

William E. Kirchhoff

Typed or printed name of signee