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C. GOLDEN DEC -1 2018

COVER LETTER

SUBJECT:	SANFORD	REALTY GROUP, LLC.		
SOBJECT,		Name of Lim	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JENNIFER SANFORD		
			Name of Person	
			Firm/Company	
		5310 NW 58TH TERRAC	TE.	
		CORAL SPRINGS, FL 33	Address	
		JENNIFER@SANFORDFI	City/State and Zip Code LORIDAHOMEGROUP.COM	
			to be used for future annual report notifi	cation)
For further in	iformation co	oncerning this matter, please c	all:	
JENNIFER :			954 650-5956	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 NOV 19 AM 10: 28

SANFORD REALTY GROUP, LLC.

company has been notified in writing of this change.

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

SUCHETARY OF STATE

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company	were filed on 7/8/2014	and assigned
Florida document number L14000107840		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JENNIFER A. SANFORD, PLLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designatio	n "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 of registered agent and/or the new registered office address here		ecords, enter the name of the ne
registered agent and/or the new registered office address her	<u>e</u> .	
Name of New Registered Agent:		
Name of the winegmented rigent.	··	
New Registered Office Address:	Enter Florida stree	Lachtrons
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-	z.p coue
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as p		

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

· 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 **Title** <u>Name</u> <u>Address</u> **Type of Action** □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

	Other provisions, if any:
	REAL ESTATE AGENT
(If an e <u>Note</u>	effective date, if other than the date of filing:
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d November 11 2018. Signature of a member or authorized representative of a member
	Jennifer A. Sanford

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Filing Fee: \$25.00