Division of Corporations Electronic Filing Cover Sheet

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(((H180003415853)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : Il9990000006 : (407)425-7010 Phone : (407)425-2747 Fax Number

\*\*Enter the email address for this business entity to be used for Sutur annual report mailings. Enter only one email address please. \*\*

Email Address: jlagmay@wendovergroup.com

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

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T. CLINE DEC - 4 2018

**EXAMINER** 

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## COVER LETTER

	on Section f Corporations			
STAF	FORD POINT GP, LLC			
SUBJECT:		ited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing.		
Please return all cor	rrespondence concerning this matter	to the following:		
	Amy E. Jellicorse, Esq.			
		Name of Person	<del></del>	
	Zimmerman Kiser Sutcliff	E, P.A.		
	<del></del>	Firm/Company		
	315 E. Robinson Street, St	uite 500		
		Address		
	Orlando, Florida 32801			
	<del></del>	City/State and Zip Code		
	jlagmay@wendovergroup.c			
	E-mail address: (	to be used for future annual report noutice	ation)	
For further informa	ation concerning this matter, please c	all:		
Amy Jellicorse		407 425-7010 at ( )		
	Same of Person	Area Code Daytime I	Felsphone Number	
Enclosed is a check	k for the following amount:			
■ \$25.00 Filing F	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee. Certificate of Status & Certified Copy ( (additional copy is eaclosed)	
; ( 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Failaliassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	R ADDRESS: SEE FLORE Circle	

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAFFORD POINT GP, LLC			<u></u>	
Name of the Limited Lia (A Flo	bility Company as it now appear: orda Limited Liability Company)	t on our records.)		
The Articles of Organization for this Limited Liabilit	y Company were filed on 08/	10/2015	and assigned	
This amendment is submitted to amend the following	<b>2</b> :			
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> ;		
The new name must be distinguishable and contain the words	Limited Liability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	DRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE ROX  B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:  New Registered Office Address:	egistered office address on	our records, enter	the name of the ne	<u>ew</u>
New Registere Office Address.	Enter Flor	rida street address		
_	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:		4 <del>1</del>	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the registerm and the property company has been notified in writing of this change.	tent and agree to act in this nd complete performance of ed agent as provided for in ( stered office address, I here	my duties, and I am Chapter 605, F.S. Or, by confirm that the lû	familiar with and in familiar with a sign of the sign	
			<u> </u>	

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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

Title	<u>Name</u>	Address	Type of Action
MGR and MBR	Jonathan L. Wolf	1105 Kensington Park Drive	
		Suite 200	Remove
		Altamonte Springs, FL 32714	₩ Change
MBR	Jeffrey B. Sharkey	1105 Kensington Park Drive	
		Suite 200	
		Altamonte Springs, FL 32714	☐ Remove
MBR	Jonathan and Nancy Wolf Family Trust I, dated August 6, 2018	1105 Kensington Park Drive	Add
	Trust I, trated August 6, 2018	Suite 200	
		Altamonte Springs, FL 32714	Remove
			DAdd
			[] Remove
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			□ Change

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ffective date, if other than the date on effective date is listed, the date must be force. If the date inserted in this block ocument's effective date on the Depar	specific and cannot be prior to date of does not meet the applicable sta	(option of more than 90 days after tutory filing requirements, this	filing.) Pursuant to 605.0207
e record specifies a delayed el The 90th day after the record	ffective date, but not an e i is filed.	ffective time, at 12:01 a	
ated11-78	2018		DEC - CHASS
	h	<del></del> _	3 A
	mature of a mornber or authorized re		

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Filing Fee: \$25.00