

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : I19990000006 : (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 GP, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:

TO: Registra Division		ction porations				
		POINT GP, LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The makes d Act	islan of .	Amendment and fee(s) are sub-	nitted for filing			
Please return att c	correspoi	ndence concerning this matter	to the following.			
		Amy E. Jellicorse, Esq.				
			Name of Person			
		Zimmerman Kiser Sutcliffe	r. P.A.			
			Firm/Company			
		315 E. Robinson Street, Su	ite 600			
			Address		40 53	
		Orlando, Florida 32801			2023 AUG 2 8 10 2 17/16 17/11/1/1	:**
		 	City/State and Zip Code			,
		jlagmay@wendovergroup.c			25	
For further infere	nation c	E-mail address: () oncerning this matter, please co	o be used for future annual report notif	ication)	S 0 3	3
	anatom ex	meeting this miner, preside ex			9: 2 इ.स.स इ.स.स	T. ac
Amy Jellicorse			407 425-7010 at ()	<u> </u>	<u></u>	
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a che	ck for th	e following amount:				
■ \$25,00 Filing	, Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	STREET/COURL Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle		



August 27, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

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

SUBJECT: STAFFORD POINT GP, LLC

REF: L16000149082

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.

FAX Aud. #: H23000296261 KYLE D BRUMBLEY

Regulatory Specialist II Supervisor Letter Number: 423A00020013

Registration Section

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

Stafford Point GP, LLC	
(Name of the Limited Liab (A Flori	oility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 08/10/2016 and assigned
Florida document numberL16000149082	<u></u> .
This amendment is submitted to amend the following:	:
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
	imited Liability Company," the designation "LLC" or the abbreviation "E.C."
the new name must be distinguishable and contain the words "1"	milited Liability Company, the designation 173 for the authoritation (23)
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADL	ORESS)
Enter new mailing address, if applicable:	
	.a. 12
(Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the n
registered agent and/or the new registered office ad	ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Cay Zap Code

Thereby 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>	Address	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	Jeffrey B Sharkey	1105 Kensington Park Dr.	
		Suite 200	■ Remove
		Altamonte Springs, Florida 32714	Change
MBR	MBR Jonathan I. Wolf 2023 Irrevocable Grantor Trust	1105 Kensington Park Dr.	
Chance Trust	Challer	Suite 200	□ Remove
		Altamonte Springs, Florida 32714	
			□ Remove
			Change
		Add	
			Remove
			Change
			Add
			Remove
			Change

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ffecti	Upon Filing (optional) ve date, if other than the date of filing:
an eff	ective 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocum	ent's effective date on the Department of State's records.
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
S	August 24 2023
otea	·
	Signature of a member or authorized representative of a member
	Jonathan Wolf, Manager
	Typed or printed name of signee

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Filing Fee: \$25.00