Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-5383

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:_

ilagmay

@wendovergroup.com

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

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EXAMINER

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COVER LETTER

(((H180002826303)))

TO:	Registration Section Division of Corp					
		POINT DEVELOPER, LLC				
SUBJE	CT:	Name of Limit	cd Liability Company			
The enc	losed Articles of A	umendment and fee(s) are subm	nitted for filing.			
Please r	eturn all correspon	dence concerning this matter to	o the following:			
		Amy E. Jellicorse, Esq.				
			Name of Person			
		Zimmerman Kiser Sutcliffe	, P.A.			
			Firm/Company			
		315 E. Robinson Street, Su	ite 600			
		·-	Address			200
		Orlando, Florida 32801			ر نها	: T
			City/State and Zip Code		•	φ (2)
		jlagmay@wendovergroup.e	om to be used for future annual report not	lication)	t.a	<u></u>
				1100001,	щ	ĠĐ.
		oncoming this matter, please or			₩. ±÷	ري
Amy J	lellicorse		al (se Telephone Number		
	Name o	f Person	Area Cood Dayum	in religions (announced		
Énclos	ed is a check for th	ne following amount:				
≅ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$50.00 Fili Centificate Centified € (additional c	e of Status	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassec, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H18000282630 3)))

(Name of the Limited Liability Company as it is (A Florida Limited Liability)	iow appears on our recort Company)	<u>li.</u>)	
The Articles of Organization for this Limited Liability Company were fill for its document number	led on 08/10/2016	an	d assigned
This amendment is submitted to amend the following:			
L. If amending name, enter the new name of the limited liability co	mpany here:		
The new name must be distinguishable and contain the words "Limited Liability Com	pany." the designation "LL	C" or the obbreviation	on "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
		· ·	
		1.5	- 1/2
		. •	G.
Enter new mailing address, if applicable:		<u> </u>	<u></u>
Mailing address MAY BE 4 POST OFFICE BOX)			
		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our recor	ds, <u>enter the n</u>	ame of the
New Registered Office Address:			
	Enter Florida street address		
	, 1	Florida	Code
•	uy		4
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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

Name	Address	Type of Action
Sara Wolf	1105 Kensington Park Dr.	
	Suite 200	🗆 Remove
	Altamonte Springs, Florida 32714	Change
Harrison Wolf	1105 Kensington Park Dr.	
	Suite 200	□ Remove
	Altamonte Springs, Florida 32714	[] Change
		Sobba □
		Remove
		ea 275
		Change
		[] Remove
		Change
		□ Remove
		Change
		□ Remove
		☐ Change
		Sara Wolf 1105 Kensington Park Dr. Suite 200 Altamonte Springs, Florida 32714 Harrison Wolf 1105 Kensington Park Dr. Suite 200

	dditional sheets, if necessary.) (((H18000282
	CD CD
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	<u> </u>
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing to the date inserted in this block does not meet the applicable statuto ocument's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 ry filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier of
Dated September 26 . 2018	
Signature of a member or authorized repres	sentative of a member

Page 3 of 3

Filing Fee: \$25.00