## L20000078852

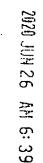
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AUG 1 1 2020 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corpo	ion orations		
SUBJECT:	40 STANFORD	iability Company	
u la distanció A	mendment and fee(s) are submitte	ed for filing.	
Please return all correspon	dence concerning this matter to th	( 10/10 ··5	
	-	Name of Person	
		Land. Agus	
	P.a. Box	623251 0U	11EDO, FR 32762
	OUIEI  Sera  E-mail address: (to)	City/State and Zip Code  Cod (a) Gerard I  be used for future annual report notifi	and. Com ication)
For further information of	concerning this matter, please call	:	
Gergro Name	of Person	at (407) 466 Area Code Daytim	e Telephone Number
Enclosed is a check for \$25,00 Filing Fee	the following amount:   \$30,00 Filing Fee &  Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

140 STA	UFORD LLC	2
(Name of the Limites	d Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Lia Florida document number <u>L20000</u>	ability Company were filed on $\frac{3/11}{78852}$	2020 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	, Flo	orida
	CIIV	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>	Address	Type of Action
AR	LUCAS, ROBERT W	8 WHITEHOUSE DR.	□Add
		CREST VIEW HILLS, 41017	K Y Remove
		4/01/	Change
			□Add
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			□Remove
			Change

amendı	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
•	
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	(optional)  ctive date, if other than the date of filing:  ctive 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 as ent's effective date on the Department of State's records.
ne record	ispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	6/24 3000
	Signature of a member or authorized representative of a member