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COVER LETTER

TO: Registration So Division of Cor			; ¥		
Jonathan Er	ric Stafford LLC			-	
SUBJĒCT:			<u> </u>		
	Name of Limi	ted Liability Company			
				. 707:	วกว
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.		2023 AUS TU	5
Please return all correspondence concerning this matter to the following:					-)
	Jonathan Eric Stafford				<u>-</u>
		Name of Person	<u> </u>	- - - - -	2
	Jonathan Eric Stafford LLC				
		Firm/Company		_	
	2637 E atlantic Blvd PMB	1430			
		Address	<u>. </u>		
	Pompano Beach, Fl 33062				
		City/State and Zip Code		_	
	Stafford@knights.ucf.edu	City/Mate and Eq. 0000			
	E-mail address: (t	to be used for future annual report notif	fication)		
For further information of	concerning this matter, please ca	all:			
Jonathan Stafford	•	954 290-1180			
	<u></u>	at ()			
Name (of Person	Area Code Daytim	e Telephone Numb	er	
Enclosed is a check for t	he following amount:				
	_		T 6(0.00	rii r	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Fifing Fee, cate of Status of ed Copy nal copy is enclose	
Mailing Addre	·ss:	Street Address:			
Registration Section		Registration Se			
Division of Corporations		Division of Cor The Centre of T	-		
P.O. Box 6327		The Centre of 1	GITHITHSOCC		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUS 10 PH

J. Stafford Realty PLLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) cd Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Jonathan Eric Stafford LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or	r the abbreviation "L.IC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	_N/A	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, enter the	e name of the new registe
Name of New Registered Agent:	<u>/</u> A	
New Registered Office Address:	Enter Florida street address	
	, Flori	da
***************************************	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

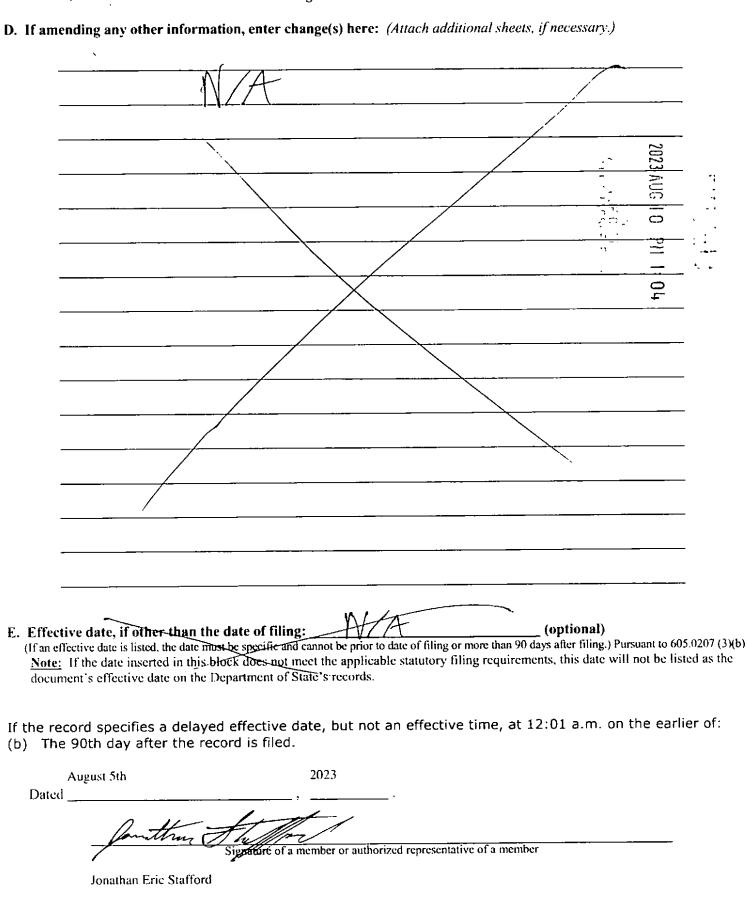
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

Title	<u>Name</u>	Address	Type of Action
		 	[J]Add
			□Remove
			☐ Change
			□Add
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			2023
		_	
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			□Change



Typed or printed name of signee