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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration So Division of Cor		*· •	• *	
	RDANDSTANFORD, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Patrick E Stanford			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
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		Firm/Company	2023 OCT	36.
	1618 Bent Oak Ct		;T-2	CKE IN CORPORATIONS
		Address		
	Kissimmee, Florida 34744	ı		7
		City/State and Zip Code		2.0
	rstanford2@cfl.rr.com			
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)	
	concerning this matter, prease c			
Patrick Stanford		407 279-1959 at ()		
Name (of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	etion	
Division of C		Division of Cor		
P.O. Box 631	27	The Centre of T	allahassee	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STANFORDANDSTANFORD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/12/2023}{1}$ and assigned Florida document number $\frac{1.23000423884}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STANFORD & STANFORD LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Civ

If Changing Registered Agent, Signature of New Registered Agent

,. Florida <u> </u>

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
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			□Remove
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Filing Fee: \$25.00