L23000465491

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OCT 13 2023

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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Gerald Stumpf Real Estate LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gerald Stumpf Name of Person Gerald Stumpf Real Estate LLC Firm/Company 14197 Pullman Drive Address Spring Hill, FL 34609 City/State and Zip Code geralds1969@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gerald Stumpf 534-3595 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rds.)

Gerald Stumpf Real Estate LLC

company has been notified in writing of this change.

(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 L	iability Company we	re filed on October 9, 20	23 and assigned	
Florida document number L23000465491				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability	company here:		
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 applie	cable: _			
(Principal office address MUST BE A STREE	ET ADDRESS)			
	_			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE	BOX)			
	-	 		
B. If amending the registered agent and/or agent and/or the new registered office addre		ress on our records, <u>er</u>	nter the name of the new registered	
Name of New Registered Agent:	Michael J. Stumpf			
New Registered Office Address:	14197 Pullman Dri	y'e		
The Windspieled Office Fiduress.	Enter Florida street address			
	Spring Hill		. Florida 34609 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as reg-	per and complete per	formance of my dutie.	s, and I am familiar with and	

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
AMBR	Michael Stumpf	14197 Pullman Drive, Spring Hill FL 34609	■ Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
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			□Remove
			□Change

, II aiii	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he recoi ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	October 13, 2023
	Signature of a member or authorized representative of a member
	- Signature of a member of audionized representative of a member
	Gerald Stumpf
	Typed or printed name of signee

Filing Fee: \$25.00