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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: STEARNS WEAVER MILLER WEISSLER ALHADEFF

Account Number : I20060000135

Phone

: (305)789-3200

Fax Number

: (305)789-4137

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:	agraupera@ocpropertyn.com	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAKE POINT HOLDINGS LLC

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

Help. ROBERTS JAN 2 4 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE POINT HOLDINGS, LLC		
(Name of the Limited Limbility C (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	)
ne Articles of Organization for this Limited Liability Comp	pany were filed on December 4, 2007	and assigned
orida document number L07000120878		
ois amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
CLP HOLDINGS, LLC		
e new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	
		15°C
		E AN
nter new mailing address, if applicable:		123 T
Sailing address MAY BE A POST OFFICE BOX		SS > III
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		777
. If amending the registered agent and/or registered off	ice address on our records, enter th	ं हों । । e name of the new regist
ent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:		
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	lanager outhorized Member		
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		Signature of	a member or aut	horized repres	entative of a me	nber		
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