## 10900034053

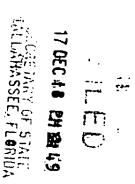
(Requestor's Name)
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## **COVER LETTER**

10: Registration Se Division of Cor		· ·	
CUBICZT.	The Poi	nt at Port Charlotte	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Hernan Pineda	
		Name of Person	
	The Po	oint at Port Charlotte	
		Firm/Company	
	4645 S	E 11th Place, Suite 103	
		Address	
	C	ape Coral , Florida 33904	
		City/State and Zip Code	
		lotes@capefl.com	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Hernan Pineda		239 440-7828 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	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)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	The Point at Port Charlotte		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	ars on our records.)	
he Articles of Organization for this Limited Lia	ability Company were filed on _	04/08/2009	and assigned
lorida document number L09000034053			_
his amendment is submitted to amend the follo	wing:		
a. If amending name, enter the new name of	the limited liability company h	iere:	
he new name must be distinguishable and contain the we	ords "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	TADDRESS)		
	-	<del></del> .	
inter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE E</u>	<u></u>		
			7
3. If amending the registered agent and/o		n our records, <u>ent</u>	er the name of the
egistered agent and/or the new registered off	ice address here:		SS C
			– EG → L
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			85 B C
	Enter Flo	orida street address	D <sub>A</sub>
		Florida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VELAS SANTACRUZ,INC	4645 SE 11TH PL. SUITE 103	
		CAPE CORAL, FLORIDA 33904	Remove
			□ Change
MGR	METHODICA LLC	1013 CENTRE ROAD, SUITE 40:	<b>■</b> Add
		WILMINGTON .DE 19805	□ Remove
			Change
			Remove
			SEE. FI Damov
		<del></del>	
			□ Remove
			Change
			□ Remove
			Change

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	<b>3</b> 0 A
	) <sub>A</sub>
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or mate: If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.020
ument's effective date on the Department of State's records.	s requirements, this date with not be historia
record specifies a delayed effective date, but not an effective t he 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier o
ed 12/11/2017	1
	1
	/

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Typed or printed name of signee

Filing Fee: \$25.00