## 13000161028

(Re	equestor's Name)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration S Division of Co					
	E POINTE CONDO LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Andrew Hoek, Esq.				
		Name of Person	<del></del>		
	DeWitt Law Firm, PA				
		Firm/Company			
	607 W. Bay Street				
		Address	·		
	Tampa, Fl. 33606				
		City/State and Zip Code			
	phil34567890@yahoo.com	to be used for future annual report notification	ntion)	21	
For further information	concerning this matter, please ca		unony	2021 OCT 13 8 1992 May	- 11
Andrew Hoek		813 251-2701 at ()		$\frac{1}{2}$	هستور . فنتو د
Name	of Person	Area Code Daytime T	elephone Number		
Enclosed is a check for	the following amount:			10 :3 %	محفقاء
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Copy (additional copy	f Status & py	

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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

215 LAKE POINTE CONDO LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on November 15, 2013	and assigned
Florida document number L13000161028	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		(X)
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	Zip Code
	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
AR	Andrew K. Hoek	607 W. Bay Street	□Add
		Tampa. FL 33606	<b>=</b> Remove
			□Change
AMBR Tampa Rental Managemen	Tampa Rental Management LLC	1936 BRUCE B. DOWNS BLVD, SUITE 176	🗏 Add
		WESLEY CHAPEL, FL 33544	🗆 Remove
			□Change
			□ Rermove  □ Change
			MAD Add
			□Remove
			□Change
	<del></del>		□ Add
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F. C	
(If an effecti Note: If t	date, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	$\cdot$ . $I$ .
Dated	13/ 2021 Tan 1 2021
	Signature of a member or authorized representative of a member
	Pathmanath DeSilva
	Typed or printed name of signee

Filing Fee: \$25.00