## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000328298 3)))



H220003282983ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GOLIZ LLC

Account Number : I20210000136

Phone : (954)655-1817

Fax Number : (954)758-9108

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

Boail Address: therightfoint 11c@gmail.com

3

څ  $\ddot{c}$ 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE RIGHT POINT, LLC

والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

## COVER LETTER

TO: Registration Sec Division of Corp			# # # # # # # # # # # # # # # # # # #
SUBJECT: THE	RIGHT POI	OT LL Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	WAISENBE	REAL Person	<u>M</u>
	THE RIGHT	POINT LLC.	
	10440 500	56 <sup>th</sup> ST. Address	and the second s
·	COOPER C	City/State and Zip Code	323
	therightPo	to be used for future annual report nou	incention)
For further information con	ncerning this matter, please ca	all:	
JAHEL M. U	Daisenberg Person	at (954) 954 Ansa Code Daytim	23 (18) te Telephone Number
Enclosed is a check for the	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	,	Street Add <u>ress:</u>	

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

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

THE RIGHT POINT LLC.

(Name of the Limited (/	1 Liability Compa ^ Florida Limited I	ny as it now appears on e Liability Company)	ou <u>r repords.</u> )	<del>:</del>
The Articles of Organization for this Limited Lial Florida document number 14000		were filed on <u>©3</u>	/06/20	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited lial	ility company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designa	ntion "i.LC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			STREET
(Principal office address MUST BE A STREET	ADDRESS)	DAVIE,	Fi_, 2	53328
Enter new mailing address, if applicable:				STREET
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	DAYIE,	FL 33	3328
B. If amending the registered agent and/or registered office address  Name of New Registered Agent:	<u>here</u> :			ime of the new registered
New Registered Office Address:	8321	Sco 41st. s	STRISET meet aditress	
·	DAVIE	FL City	, Florida _	3332B 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>	Name	<u>Address</u>	Type of Action
MGR	Wais	ENBERG, JAHEL M. 10440 Sw 56th St	□Ađd
		COOPER CITY FL 23	3 <u>28</u> <b>B</b> Remove
			Change
AMBR	MELAM	ED LIFCHITZ (ECILIA 8321 SW 415	ot. XAdd
		STIEET, DAVIE FL	. 33329 🗆 Remove
	•		□ Change
<u> </u>			□Add
			□Remove
			DbA⊡
,			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove

if amending any	other information, enter	change(s) here: (A	Mach additional she	eis, if necessary.)	
					<del></del>
					<del></del>
				h and representation to the second	
·-			· · · · · · · · · · · · · · · · · · ·		<del></del>
					<del></del>
					<del></del>
		<u>.</u>			
					<del></del>
If an effective date is the Note: If the date is	nther than the date of fili isted, the date must be specific a secreted in this block does not we date on the Department of	t meet the applicable		(optional) 90 days after filing.) Pursuan emenis, this date will not	t to 605.0207 be listed as
e record specifies a rd is filed.	delayed effective date, but n	oot an effective time,	at 12:01 a.m. on the e	arlier of: (b) The 90th d	ay after the
Dated OC	22   2022 Signature of	a member or authorize	d representative of a me	mher	<del></del>
<u></u>	WAIS	Typed or printed no	AHEC	<u>ra.</u>	<del></del>

Filing Fee: \$25.00