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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Discipant Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:	Registration Sc Division of Cor		, ·				
eud II	Joe Pointer.	LLC					
SUBJ	SUBJECT:						
		Amendment and fee(s) are sub-	<u>-</u>				
Please	return all correspo	indence concerning this matter	to the following:				
		Joseph Pointer					
			Name of Person				
		Joe Pointer, LLC					
		<u> </u>	Firm/Company				
		12135 104th St					
		<u> </u>	Address				
		1.argo, FI 33773					
		Joe.Pointer@outlook.com	City/State and Zip Code				
		E-mail address: (t	to be used for future annual report notifi	cation)			
For fu	rther information c	oncerning this matter, please co	ill:				
Joseph	h Pointer		386 527.0076 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	ne following amount:					
□ \$ 2	25.00 Filing Fee	S30.00 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

Joe Pointer, LLC			<u> </u>
(Name of the Limited Liabilit (A Florida	y Company as it now appear: Limited Liability Company)	on our records.)	P 12: 20
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on Oct	ober 2, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, enter	the name of the r
Name of New Registered Agent:	,		
New Registered Office Address:			
	Enter Flori	da street address	
******	···	, Florida	Zip Code
	•		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a	and agree to act in this c	apacity. I further ag	ree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph Pointer	12135 104th St Largo, FL 33773	
			□ Remove
			☐ Change
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F-604	and a second and a second and a second	h., d., a668-			(4i1	`
(If an effi Note:	ve date, if other than t ective date is listed, the date i If the date inserted in this ent's effective date on the	nust be specific and block does not a	d cannot be prior to meet the applical	date of filing or mor ole statutory filing	(optional e than 90 days after filing requirements, this date	g.) Pursuant to 605.0207 (
	ord specifies a delay 90th day after the r			an effective tir	ne, at 12:01 a.m.	on the earlier of:
Dated	November	14	2018	_·		
				~	\geq	
				ized representative o		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00