

1220000 16619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

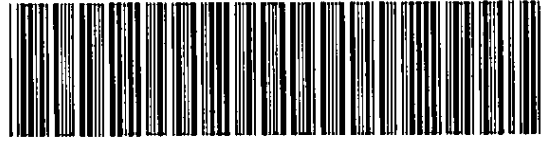
(Business Entity Name)

(Document Number)

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2021 FEB 28 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR - 7 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHALIMAR PONTE CAPITAL GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD VILLA
Name of Person

SHALIMAR PONTE CAPITAL GROUP, LLC
Firm/Company

302 COUNTRY CLUB RD.
Address

SHALIMAR, FL. 32579
City/State and Zip Code

TRAVELINGMANZU@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

[Signature] at (602) 574-9714
Name of Person Area Code Daytime 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:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 FEB 28 AM 8:58

SHALIMAR POINTE CAPITAL GROUP, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/07/2022 and assigned Florida document number L22000016619.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOT APPLICABLE

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SHALIMAR POINTE CAPITAL GROUP, LLC
302 COUNTRY CLUB RD.
SHALIMAR, FL 32579

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SHALIMAR POINTE CAPITAL GROUP, LLC
302 COUNTRY CLUB RD.
SHALIMAR, FL 32579

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RICHARD VILLA

New Registered Office Address:

302 COUNTRY CLUB RD.

Enter Florida street address

SHALIMAR

City

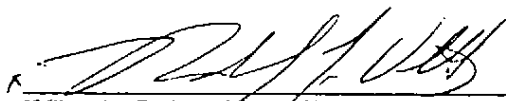
Florida

32579

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>	<u>Address</u>	<u>Type of Action</u>
MGR	TOM ELLIS	9 BAY COVE	<input type="checkbox"/> Add
		SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL NEWELL	930 MASTERS BLVD	<input type="checkbox"/> Add
		SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK KUNZ	993 SHALIMAR PONTE DR.	<input type="checkbox"/> Add
		SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARD VILLA	811 CHOCTAW LAKE	<input checked="" type="checkbox"/> Add
		SHALIMAR, FL 32579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN SYKES	186 FOX VALLEY RD	<input checked="" type="checkbox"/> Add
		SHALIMAR, FL 32579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GERALD NEIGHBORS	172 COUNTRY CLUB RD	<input checked="" type="checkbox"/> Add
		SHALIMAR, FL 32579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

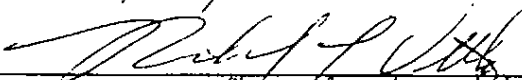
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2/24/2022



Signature of a member or authorized representative of a member

RICHARD VILLA

Typed or printed name of signer