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T. HAMPTON EXAMNER

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations				
SUBJECT:	Pointe	e of Palms LLC		
SUBJECT	Name of Limited Liability Company			
The enclosed Art	icles of Amendment and fee(s) are so	ubmitted for filing.		
Please return all o	correspondence concerning this matte	er to the following:		
		M. Rebecca Weymouth		
		Name of Person		
	<del></del>	Pointe of Palms LLC Firm/Company		
		1651 Nocatee Drive Address		
		Miami, FL 33133		
		City/State and Zip Code		
	rebec	rebeccaweymouth@bellsouth.net E-mail address: (to be used for future annual report notification)		
For further inforn	nation concerning this matter, please	•	1011)	
	Rebecca Weymouth	305 \ 86	60-1360	
Name of Person		at ( 305 ) 860-1360  Area Code & Daytime Telephone Number		
Enclosed is a chec	ck for the following amount:			
<b>▼</b> \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS
11 APR 18 PM 1:42

Pointe of P  (Name of the Limited Liability Compa (A Florida Limited L	alms, LLC  ny as it now appears on our records.  Liability Company)
The Articles of Organization for this Limited Liability Company  Florida document numberL10000100140	were filed on December 17, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1651 Nocatee Drive
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33133
Enter new mailing address, if applicable:	1651 Nocatee Drive
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33133
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	·
New Registered Office Address:	
•	Enter Florida street address
	, Florida
•	City Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> **Address** MGR Jonathan Weymouth 2400 NE 12 Court ☐ Add Fort Lauderdale, FL 33304 √ Remove M. Rebecca Weymouth MGR 1651 Nocatee Drive Miami FL 33133 Remove MGRM M. Rebecca Weymouth 1651 Nocatee Drive Miami, FL 33133 Remove Jonathan Weymouth MGRM 2400 NE 12 Court **√** Add Remove Fort Lauderdale, FL 33304 □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 13 2011 Dated Signature of a member or authorized representative of a member Jonathan Weymouth Typed or printed name of signee

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Filing Fee: \$25.00