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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Elph Holle H)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration So Division of Cor					
Pirate's Poi	nte LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	Tom Mandy				
	Tom Moody				
		Name of Person			
	Pirates Point LLC				
		Firm/Company	_		
	725 Progresso Dr				
		Address			
	Fort Lauderdale FL 33304				
		City/State and Zip Code			
	mrtmoody@gmail.com				
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	concerning this matter, please co	all:	:	2024 HAR SECRE TO	
Tom Moody		954 600-7617 at ()	İ	HAR -	===
Name o	of Person	Area Code Daytime	e Telephone Number	B AM	
Enclosed is a check for t	he following amount:			8: 2 STA: STA:	-
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filir Certificate Certified C (additional co	ig Fee, of Status &	

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

Pirate's Point LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 01/23/2004	and assigned
Florida document number L04000006321		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 SE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	he natific of the new regist
Name of New Registered Agent:		AH 8:
Name of New Registered Agent.		:: 22 FL
New Registered Office Address:	Enter Florida street address	Lul 10
	rı.	
	, Flor	rida 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 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		
MGRM	Glenn Rimpela	1081 CORAL WAY	□Add		
		Singer Island, FL 33404	= Remove		
			□Change		
			□Add		
			□Remove		
			□Change		
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ffective date, if other than the	date of filin	g:			(opti	ional)		
an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	ck does not i	meet the app	plicable statu					
record specifies a delayed effective d is filed.	date, but no	t an effectiv	e time, at 12	:01 a.m. on tl	ne earlier of: ()	b) The 90th (day after th	ne
March 4		2024						
	$\overline{}$	1	<i></i>					

Typed or printed name of signee