

L050000042047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

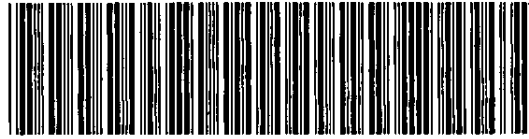
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL 31 PM 4:33
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TALLAHASSEE, FLORIDA

AUG 03 2015
Y SULKER

SCOTT A. FRANK
LAW OFFICES

July 30, 2015

VIA FEDERAL EXPRESS

Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attn: Registration Section

Re: Sun-Pointe Holdings, LLC to Greystone Capital, LLC
File No.: 1246.005

Dear Sir/Madam:

Enclosed please find the Cover Letter and Articles of Amendment to the Articles of Organization and an additional copy for certification in connection with the above-captioned matter. Also enclosed is this firm's trust account check covering the Filing Fees, Certificate of Status/Certified Copy and a return stamped envelope for the certified copy of the Name Change.

Please feel free to contact the undersigned should you have any questions. Thank you.

Very truly yours,



Scott A. Frank, Esquire

SAF/nb
enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUN-POINTE HOLDINGS, 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:

Scott A. Frank, Esq.

Name of Person

Law Offices of Scott A Frank, PA

Firm/Company

5301 N. Federal Highway, Suite 170

Address

Boca Raton, FL 33487

City/State and Zip Code

sfrank@saflaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott A. Frank

561 826-5400
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

SUN-POINTE HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/28/05 and assigned Florida document number L05000042047.

This amendment is submitted to amend the following:

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

GREYSTONE CAPITAL, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 | BOBBY ZACHARIAS | 5309 SW 111 TERRACE | <input checked="" type="checkbox"/> Add |
| | | DAVIE, FL. 33328 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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 Add

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

Multiple horizontal lines for amending information.

15 JUL 31 PM 4:53
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

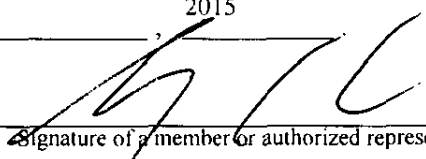
E. Effective date, if other than the date of filing: _____ (optional)

(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 July 30, 2015



Signature of a member or authorized representative of a member

Scott A. Frank, Esq.

Typed or printed name of signee