

W05000097753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

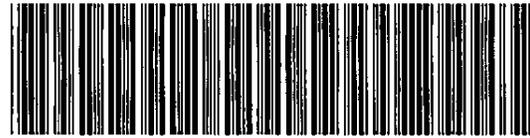
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
APPELLANT ASSOCIATION OF FLORIDA

AUG 26 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A POINT OF YOU, 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:

HOLLY KRIVISKI
Name of Person

A POINT OF YOU
Firm/Company

ST PETE BCH, FL 33706
Address

ST PETE BCH, FL 33706
City/State and Zip Code

holly@apointofyou.com
E-mail address: (to be used for future annual report notification)

NOTE

NEW ADDRESS:
2435 9TH STREET N.
ST. PETERSBURG
FL. 33704

For further information concerning this matter, please call:

HOLLY KRIVISKI at 727 638-2381
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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLHASSEE, FLORIDA
2014 AUG 22 PM 4:09
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A POINT OF YOU, 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 10/04/2005 and assigned Florida document number LO5000097753

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

2435 9TH STREET NORTH
ST PETERSBURG, FL 33704

OLD ADDRESS WAS: 343 COREY AVE
ST PETE, BEACH, FL 33706

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:

HOLLY KRIVISKI

New Registered Office Address:

2435 9TH STREET NORTH

Enter Florida street address

ST. PETERSBURG,

City

Florida

Zip Code

33704

2014 AUG 22 10:09

FLORIDA

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.

Holly Kriviski

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JEFF JANSON</u>	<u>522 PINELLAS BAYWAY S.</u>	<input type="checkbox"/> Add
		<u>TIERRA VERDE, FL 33715</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>CAROL GALWAY</u>	<u>1107 BOCA CIEGA ISLE</u>	<input type="checkbox"/> Add
		<u>ST PETE BCH, FL 33706</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 CLERK OF DISTRICT COURT
 ALACHUA COUNTY FLORIDA

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

Dated 8.20. 2014

Holly Kriviski
Signature of a member or authorized representative of a member

HOLLY KRIVISKI
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA