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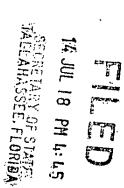
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 4 Point Realty 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:
William H. Sharp, Jr. 4 Point Realty, CCC Pirm/Company 8785 Permeter tark Blud. Address Tacksonille, FR. 32216
City/State and Zip Code City/State and Zip Code City/State and Zip Code Company of Co
For further information concerning this matter, please call:
Dill Sharp at (94) 997-1093 Area Cotte Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

4 Point Kealty	, /.CC
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co.	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number 40700005785	I on 1-12-2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and end with the words "Limited Liability Compa	ny," 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)	18 PH LLS
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr.	David L. Copport	5680 Boymeodows Rd E+ Jacksonville, FL 3225	913 12 Add
		Jacksonville, FL 3225	6 □ Remove
			
			Add
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fective date, if other than th			× 15,2	0/4 (optic	
e effective date must be specific, can e date this document is filed by the	inot be prior to dat Florida Departmen	te of receipt or filed it of State)	date and dannot h	e more than 90 days a	after
ated July 15		2014			
The state of the s	$-\frac{1}{2}$	2017	•		
	Hw	Don			
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	Signature of a r	nember or authoriz	zea representative	or a member	

Page 3 of 3

Filing Fee: \$25.00