

L08000071062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2009 AUG 10 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 11 2009

EXAMINER

L.B.W. INC.

AUGUST 7, 2009

REGISTRATION SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE; SOUTHPOINT FINANCIAL GROUP, LLC
L08000071062

DEAR SIR/MADAM

HEREWITH ARTICLES OF AMENDMENT RE THE ABOVE CAPTIONED, AND
INDICATING REMOVAL OF MEMBER LBW, INC., 15250 VENTURA BLVD,
SHERMAN OAKS, CA 91403

A \$60.00 FEE IS ALSO ENCLOSED COVERING FILING, CERTIFICATE OF
STATUS, AND CERTIFIED COPY.

WITH THANKS IN ADVANCE FOR YOUR ASSISTANCE IN THIS MATTER.



LEE B WINKLER, PRES
LBW, INC.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTHPOINT FINANCIAL GROUP, 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:

LEE, B WINKLER

Name of Person

LBW, INC

Firm/Company

15250 VENTURA BLVD #710

Address

SHERMAN OAKS, CA 91403

City/State and Zip Code

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

For further information concerning this matter, please call:

LEE B WINKLER

818 385 3100 EXT 136

at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2009 AUG 10 PM 2:31

SOUTHPOINT FINANCIAL GROUP, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 _____ and assigned
Florida document number L08000071062.

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) _____

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 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

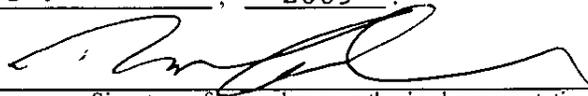
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEMBER	LBW, INC	15250 VENTURA BLVD, SHERMAN OAKS, CA 91403	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 7, 2009



Signature of a member or authorized representative of a member

Lee B Winkler (Pres, LBW, Inc)

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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