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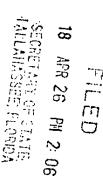
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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APR 2 7 2018

COVER LETTER

Division of Co						
	POINT INVESTMENTS, LLC					
SUBJECT: Name of Limited Liability Company						
	f Amendment and fee(s) are submondence concerning this matter to	•				
	Brian Dickey		·			
		Name of Person	<u>. </u>			
		Firm/Company				
	95 Pine Lake Dr					
		Address	 			
	Cumming, Ga 30040					
		City/State and Zip Code				
	dickebk@gmail.com E-mail address: (to	be used for future annual report notific	cation)			
For further information	concerning this matter, please cal	ıl:				
Brian Dickey	• .	404 431-1907 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

GRASSY POINT INVESTMENTS, LLC (Name of the Limited Liability Comp.	any as it now appears on our record	<u> s.)</u>
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	<u>131 </u>
The Articles of Organization for this Limited Liability Company Florida document number L09000030855	were filed on 03/30/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the designation "I I C	" or the shbreviation" L. C."
Enter new principal offices address, if applicable:	95 Pine Lake Dr	100 TO 17
Principal office address MUST BE A STREET ADDRESS)	Cumming, Ga 30040	2 5
Enter new mailing address, if applicable:	95 Pine Lake Dr	2. O.
Mailing address MAY BE A POST OFFICE BOX)	Cumming, Ga 30040	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ffice address on our records e:	, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	ridaZin Code
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	Brian Dickey	95 Pine Lake Drive, Cumming Ga 30040	■ Add
MGR			Remove
.,			Change
			Add
			☐ Remove
		<u> </u>	Change
			Remove
			PA 2Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
	•		Change
			□ Add
			□ Remove
			☐ Change

(If an el <u>Note:</u>	tive date, if other than the date of filing: [Sective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	4/23/2018
	Signature of a member or authorized representative of a member
	Jimmy Dickey
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00