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(((H10000190404 3)))



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Division of Corporations

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From:

Account Name : ENGLANDER & FISCHER, P.A.

Account Number : 120070000052 Phone

: (727)898-7210

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARDINAL POINT RESIDENTIAL I, LLC

Certificate of Status	0
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S. HAWKES

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

H100001904043.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARDII	<u>VAL POINT RESIDENTIAL</u>	_ I, LLC		
(Name of the Limit	ed Lisbility Company as it now appea (A Florida Limited Lisbility Company)	us on our records.)		
	(12 Totals Omittee Emotiny Company)		6	
The Articles of Organization for this Limited	Liability Company were filed on	06/02/2010	apd assigned	
Florida document number L100000	58665			
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mar to the following the second			V 2	
This amendment is submitted to amend the fo	llowing:		18.0	
A. If amending name, enter the new name	of the limited liability company her	ne;		
The new name must be distinguishable and end v	with the words "Limited Liability Compe	ny." the designation "	LLC" or the abbreviation	
"L.L.C."	The Hot Words Change Company Compa	ary in the same		
Enter new principal offices address, if appl	ing blas			
			V V V V V V V V V V V V V V V V V V V	
(Principal office address MUST BE A STRE	ET ADDRESS)	•		
·				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and		ur records, <u>enter</u>	the name of the new	
registered sgent and/or the new registered (office address here:			
Name of New Registered Agent:	William T. Conroy		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	721 First Ave. North			
	Enter Florida street address			
	St. Petersburg	Morida	33701	
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register	ed agent and agree to act in this ca	pacity. I further ag	ree to comply with	
the provisions of all statutes relative to the	proper and complete performance of	of my duties, and I d	am familiar with and	
accept the obligations of my position as reg being filed to merely reflect a change in the	istered agent as provided for in Ch vegivtered office address. A hereby	apter 908, r.s. Or, confirm that the lis	ij inis aocumeni is nited liability	
company has been notified in writing of this	change.		,,,,,,,	
	· ////////	A	-2	
	If Changing Registered Agen	I, Separare of New Re	Preside Ville	
	Para 1 of 2	1		

MGRM - N	nager Janaging Member		P.C.
<u>Title</u>	Ne me	Address	Type of A
MGR	Cardinal Point Management LLC	777 S. HARBOUR ISLAND BLVD. SUITE 940 TAMPA FL 33602	Add Remove
<u>MGRM</u>	Cardinal Point Residential Management, LIC	777 S. HARBOUR ISLAND BLVD. SUITE 940 TAMPA FL 33602	[7] Add Remove
-			Add Remove
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). If amendi	ing any other information, enter change((s) here: (Attach additional sheets, if necessary.)	Remove
			_

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Filing Fee: \$25.00