



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAVISTOCK GROUP
Account Number : I20130000052
Phone : (407)909-9957
Fax Number : (407)909-9957

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROUNDPOINT SFR 2010-3 ACQUISITION, LLC**

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: RoundPoint SFR 2010-3 Acquisition, 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:

Michelle Dadisman

Name of Person

Tavistock Financial, LLC

Firm/Company

9350 Conroy Windmere Road

Address

Windmere, FL 34786

City/State and Zip Code

michelle.dadisman@tavistock.com

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

For further information concerning this matter, please call:

Michelle Dadisman

407

909-9957

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	Kevin Brungardt	5032 Parkway Plaza Blvd.	<input type="checkbox"/> Add
		Charlotte, NC	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Shaun Ahmad	13024 Ballantyne Corporate Place	<input type="checkbox"/> Add
		Suite 425	<input type="checkbox"/> Remove
		Charlotte, NC 28277	<input checked="" type="checkbox"/> Change
VP	Scott Shultz	13024 Ballantyne Corporate Place	<input type="checkbox"/> Add
		Suite 425	<input type="checkbox"/> Remove
		Charlotte, NC 28277	<input checked="" type="checkbox"/> Change
S	Christopher LaBate	13024 Ballantyne Corporate Place	<input checked="" type="checkbox"/> Add
		Suite 425	<input type="checkbox"/> Remove
		Charlotte, NC 28277	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 10, 2019

[Signature]

Signature of a member or authorized representative of a member

Christopher LaBate, Secretary

Typed or printed name of signee

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Filing Fee: \$25.00

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