

L12-000075606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

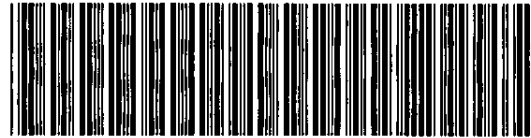
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
T. CLINE

DEC - 8 2014

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GG Point, 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:

Robert R. Mette

\_\_\_\_\_  
Name of Person

GG Point, LLC

\_\_\_\_\_  
Firm/Company

1719 W Terrace DR

\_\_\_\_\_  
Address

Lake Worth FL 33460

\_\_\_\_\_  
City/State and Zip Code

bobmette@gmail.com

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

2014 NOV 25 PM 12:56  
RECEIVED  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Robert R. Mette

919

606 4646

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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**

GG Point, LLC

(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 06/06/2012 and assigned  
Florida document number L 12000075606

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)

Robert R. Mette

1719 W Terrace Dr

Lake Worth FL 33460

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Robert R. Mette

1719 W Terrace Dr

Lake Worth FL 33460

**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:

REGISTERED AGENTS INC

New Registered Office Address:

3030 N. Rocky Point Drive, STE 150A

Enter Florida street address

Tampa

City

Florida

33607

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.*

Bill Havre  
If Changing Registered Agent, Signature of New Registered Agent

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FALL ADMINISTRATIVE SERVICES

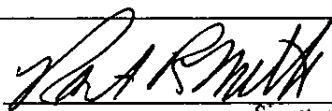
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE III Management The business and affairs of the Company shall  
be managed by Robert R. Mette as the Managing Member. Robert R. Mette  
shall govern with the wishes expressed by the majority consent of the members.

E. Effective date, if other than the date of filing: 01 DEC 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 20 Nov 2014



Signature of a member or authorized representative of a member

Robert R. Mette

Typed or printed name of signee

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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