14000116202

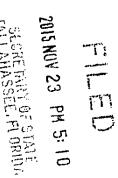
(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
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K.SALY EXAMINER DEC -3 2015

COVER LETTER

TC		n Section Corporations		
SII	POINT	ERS SOUTH LLC		
30	BJEC1.	Name of Lim	ited Liability Company	
Th	e enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Ple	ase return all corre	espondence concerning this matter	to the following:	
	•	LISA M. SUPER, ESQ.		
			Name of Person	
		JOHN C. GOEDE, P.A.		
			Firm/Company	
		8950 FONTANA DEL SO	L WAY SUITE 100	
			Address	
		NAPLES, FL 34109		
			City/State and Zip Code	
		DPETERS7@CHARTER.N		
	. * *	., . : E-mail address: (to be used for future annual report notif	fication)
For	further information	on concerning this matter, please ca	all:	
DC	NALD PETERS		at (715) 498 - Area Code Daytime	1044
	Nan	ne of Person	Area Code Daytime	: Telephone Number
Enc	closed is a check fo	or 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:

Division of Corporations

STREET/COURIER ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDR
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 NOV 23 PM 5: 1
SEGRETARY OF

POINTERS SOUTH LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flor	ida Elimied Etability Company)	TLORIO.
The Articles of Organization for this Limited Liability	Company were filed on 07/13/2014	and assigned
Florida document number L14000116202		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	Idress here:	oner the name of the h
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
New Registered Agent's Signature, if changing Register	•	ZIP Code
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete performance of my duties, and agent as provided for in Chapter 605, F.s. red office address, I hereby confirm that	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of N	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KRISTINA PETERS	145 VIRGINIA CIRCLE	■ Add
		STEPHENS POINT, WI 54481	_ Remove
			Change
MGR	LAURA MELUM	4319 ROCK CREST RD	■ Add
		MIDDLETON, WI 53652	☐ Remove
			☐ Change
		-	OAN
			Change 5
			□ Add Remove
			Change
			
			□ Remove
			Change
			Remove
			☐ Change

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_	2015 NOV 23	, se 18 " "
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`an effect <u>Vote:</u> If	e date, if other than the date of filing:	(3)(b the
e recoi The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.	! !
ated	OVEMBER 13 2015 Signature of a member or authorized representative of a member	
	DONALD PETERS	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00