

# L14000179726

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

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

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NORTHPOINT DRILLING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 DEC 11 AM 11:37

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2014 DEC 11 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NORTHPOINT DRILLING 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 11/20/2014 and assigned  
Florida document number L14000179728

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:

1450 BRICKELL AVENUE, SUITE 1690

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33131

Enter new mailing address, if applicable:

1450 BRICKELL AVENUE, SUITE 1690

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33131

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:

JEFFREY C. ROTH

New Registered Office Address:

ROTH & SCHOLL, 866 SOUTH DIXIE HIGHWAY

Enter Florida street address

CORAL GABLES

Florida 33146

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.*

Jeffrey C. Roth  
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>
MGR	NORMAN D.COOPER	1001 BRICKELL BAY DRIVE	<input type="checkbox"/> Add
		SUITE 3112	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGR	NORMAN D. COOPER	1450 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 1690	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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)  
(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 December 9th, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**NORMAN D. COOPER**

\_\_\_\_\_  
Typed or printed name of signer

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