L150001478

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COVER LETTER

Division of Cor	rporations		
Center Poi	nte Realty Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Riegerq		
		Name of Person	
	Center Pointe Realty Grou	p, LLC	
		Firm/Company	
	127 E. 13th St.		
		Address	
	St. Cloud, FL 34769		
		City/State and Zip Code	
	kimberly@centerp.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)
Kimberly L. Johnson		772 812-9134	
Name c	d Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$50.00 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:

TO:

Registration Section

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

Center Pointe Realty Group, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability lorida document number <u>L15000147874</u>	Company were filed on August 25, 2015	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		17:
		5
		2 E
3. If amending the registered agent and/or regi		r the name of the
egistered agent and/or the new registered office ad	<u>dress_here</u> :	
		5.4 Killing
Name of New Registered Agent:		9
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	Fiorida _	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.

If Changing Registered Agent, Signature of 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	Marcus Truett		🗀 Add
		117B Broadway, Kissimmee, FL 34	■ Remove
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			□ Remove
			Change
			Remove
			Change Change
			Remove
			Change
			
			Remove
			Change
			Remove
			□ Change

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		10/02/2017			, ,	**	
ctive date, if other than the effective date is listed, the date mus	date of filing t be specific and	cannot be prior	to date of filin	g or more than 9	(option 0 days after fil	at) ling.) Pursua	int to 605.0
If the date inserted in this bl	ock does not m	eet the applica	ible statutory	filing require	ments, this d	ate will no	t be listed
iment's effective date on the D	epartment of St	tate's records.					
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ne 90th day after the rec	ora is niea.						
October 5		1017					
d October 5							
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Typed or printed name of signee

Filing Fee: \$25.00