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DEC 21 2016 S. YOUNG TE TE LO DM I DE



COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: THE PO	DINTS JET :	SETTER, LLC ited Liability Company		
The enclosed Articles of Art	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	ADAM	J. VESEY Name of Person		
		Firm/Company		S.
	1727 SE	40 TM TERRA	CE BC 19	
		ORAL, FC 3390 City/State and Zip Code Y @ GMATC. Coto be used for future annual report notif	<u> </u>	SEE FLORIUS
-			ication)	-43
For further information conc	erning this matter, please co	ail:		
ADAM VES		at (239) 699 Area Code Daytime	Telephone Number	
Enclosed is a check for the f	ollowing 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

THE POINTS						
(Name of the Limited) (A	Liability Company Florida Limited Lia	y as it now app ability Company	cars on our r y)	ecords.)	•	
The Articles of Organization for this Limited Liab		vere filed on	10/19	12015	and ass	igned
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liabili	ity company	<u>here</u> :			
RESFEBER STRA The new name must be distinguishable and contain the word	TEGY	CONSU	えしてエト	J 6, L	رر	
The new name must be distinguishable and contain the word						
Enter new principal offices address, if applicabl	le:	1727	5E	HOTH	TETURI L 3390	ACE
(Principal office address MUST BE A STREET A	ADDRESS)	CAPE	E COR	LAL, F	L 3390	04
						
Enter new mailing address, if applicable:		1777	- SE	4014	TERRE 33904	AC€
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	CAPE	COR	LAL, FL	33904	1
						<u> 본역</u>
B. If amending the registered agent and/or			on our re	cords, <u>ente</u>	the name	of the new
registered agent and/or the new registered offic	<u>e address here</u> :				9 PH	177
Name of New Registered Agent:						- 50
New Registered Office Address:	1727	5E '			ACE &	3 57
	- 10 -		Torida street d			
-	CAYE	City City	+ C	_, Florida _	33904 Zin Code	
		City			Lip 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 **Address Type of Action Title** Name | □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add - G □ Remov □ Add ·· _□ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be stee: If the date inserted in this block does not meet the accument's effective date on the Department of State's re-	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 applicable statutory filing requirements, this date will not be listed ecords.
record specifies a delayed effective date, buther the 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier
ed DECEMBER 14, ZO	010
Signature of a member of	or authorized representative of a member
Signature of a thember of	addiction to the monitor

Page 3 of 3

Filing Fee: \$25.00