

L16000 OBI 356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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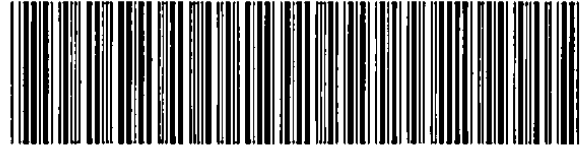
(Business Entity Name)

(Document Number)

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2019 JUL 23 PM 1:05
JUL 23 2019
JUL 23 2019

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AUG 01 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SOUTH POINT ASSET PARTNERS LLC

SUBJECT: _____
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:

STEPHEN J. TEMES

Name of Person

SOUTH POINTE TAVERN

Firm/Company

40 SOUTH POINTE DRIVE, 109

Address

MIAMI BEACH, FL 33139

City/State and Zip Code
martin@southpointetavern.com

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

For further information concerning this matter, please call:

MARTIN CABRERA

646 229-5847

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

SOUTH POINT ASSET PARTNERS 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 04 / 25 / 2016 and assigned
Florida document number L16000081356.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

40 SOUTH POINTE DRIVE, 109

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FL. 33139

Enter new mailing address, if applicable:

40 SOUTH POINTE DRIVE, 109

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL. 33139

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

STEPHEN J. TEMES

New Registered Office Address:

40 SOUTH POINTE DRIVE, 109

Enter Florida street address

MIAMI BEACH

Florida 33139

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	STEPHEN J. TEMES	40 SOUTH POINTE DRIVE, 109 MIAMI BEACH, FL 33139	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARTIN CABRERA	40 SOUTH POINTE DRIVE, 109 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JORDAN LEVY	40 SOUTH POINTE DRIVE, 109 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10 If, in unchecking any other information, enter change(s) here: (Printed name of new director) J. Howard / 1/1

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 26TH 2019


Signature of _____

Signature of a member or authorized representative of a member

MARTIN CABRERA

Typed or printed name of signee