L16000011423

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COVER LETTER

TO: Registration Sect Division of Corpo						
CUDIFOT.	CC	GPG05162015, LLC				
SUBJECT:	Name of Limi	ted Liability Company				
	mendment and fee(s) are sub-	_				
	JEFFR	EY A. LEVINE, ESQ.				
		Name of Person	<u></u>			
	JEFFREY A. LEVINE, P.A.					
		Firm/Company	 			
	6751 N FE	DERAL HIGHWAY #301				
		Address				
	BOCA RA	ATON, FLORIDA 33487				
		City/State and Zip Code				
BETSY@JALEVINE.COM E-mail address: (to be used for future annual report notification)						
For further information con	acerning this matter, please ca	•				
JEFFREY A. LEVINE 561 997 - 8688						
Name of P	Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for 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:

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

CGPG0516	2015, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appear iability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL16000097423	were filed on	MAY 18, 2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	ere:	
POYNTON2016, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the d	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			₹7 ₹3 ₩4
(Principal office address MUST BE A STREET ADDRESS)		SEE AS	2
Enter new mailing address, if applicable:		OF ST	
Mailing address MAY BE A POST OFFICE BOX)		ATE RIOA	
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		our records, enter th	ne name of th
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
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		A PROPERTY OF THE PROPERTY OF	Remove
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		STATE OR DA	
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ted	JUNE	10,	2016		
		c Pa			ر ا ا
	- june	Signature of	a member or authorized representative	of a member	
			JEFFREY A. LEVINE, ESQ.	of a member HASSIE	$\overline{\omega}$
			Typed or printed name of signee	OF STATE E. FLORID/	P D
				DRID	= -
			Page 3 of 3		

Filing Fee: \$25.00