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S. YOUNG

2020 JUL 21 PM 6: 28

COVER LETTER

	Registration Se Division of Cor			
		oints Authors LLC		
SUBJEC	·1:	Name of Limi	ted Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	tum all correspo	ondence concerning this matter	to the following:	
		Steven Swisher		
			Name of Person	
		Decision Points Authors L	LC	
			Firm/Company	
		1310 Country Trails Drive		
		·	Address	
		Safety Harbor, FL 34695		
			City/State and Zip Code	
		decisionpointsprogram@gu		
For furth	er information o	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	инсанон)
Steven S	wisher		720 255-3610	
	Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed	is a check for t	the following amount:		
□ \$25.	00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre	Section	Street Address: Registration S	
	Division of OP.O. Box 63		Division of C The Centre of	
	Tallahassec,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

껋

Decision Points Authors LLC		٠.			
(Name of the Limi	ited Liability Compa (A Florida Limited	iny as it now appears (Liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document number L17000003460	were filed on $\frac{01/0}{}$	1/17	TILTURA STATE OF STAT		
This amendment is submitted to amend the fol	lowing:			College 6: 22	
A. If amending name, enter the new name of	of the limited liah	ility company here	<u>ē</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	ignation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1310 Country Trai	ils Drive		
		Safety Harbor			
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:		address on our rec	ords, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agem.	(310.6)	r 2 .			
New Registered Office Address:	1310 Country *		a street address		
	Safety Harbor		Elonista.	, Florida <u>34695</u> Zip Code	
		City	, гюнаа	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ner and complete istered agent as p registered office	performance of m provided for in Ch	ny duties, and La napter 605, F.S. (on familiar with and Or, if this document is	

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>	Type of Action
			□Remove
		,,,,,,,,	□Change
<u>_</u>			□Add
			☐ Change
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ffective date, if other than the an effective date is listed, the date in this locument's effective date on the locument's	slock does not me	eet the applicab	date of filing or m le statutory filin	ore than 90 days a g requirements,	ptional) fter filing.) Pursuar this date will not	nt to 605.0207 be listed as
record specifies a delayed effect Lis filed.	ve date, but not a	m effective tim	e, at 12:01 a.m.	on the earlier of	; (b) The 90th d	ay after the
		2020				

Filing Fee: \$25.00