

21700000 7885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

LTS
12-5-18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTH POINTE INVESTMENTS LLC
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:

MICHAEL I BERNSTEIN

Name of Person

THE BERNSTEIN LAW FIRM

Firm/Company

3050 BISCAYNE BOULEVARD, SUITE 403

Address

MIAMI, FL 33137

City/State and Zip Code

MICHAEL@BERNSTEIN-LAWFIRM.COM

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

For further information concerning this matter, please call:

MICHAEL I BERNSTEIN

305 672-9544
at ()

Name of Person

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

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SECRETARY OF STATE
TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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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	18 PLUS INC		<input type="checkbox"/> Add
		1180 6TH AVE, 8TH FLOOR NEW YORK, NY 10036	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RON GRANT	1180 6TH AVE, 8TH FLOOR NEW YORK, NY 10036	<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
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			<input type="checkbox"/> Change

[illegible]

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.

Dated NOVEMBER 20, 2018

Typed or printed name of signee