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(Re	equestor's Name)	
(Ac	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Point76 in	vestments, LLC		
SOBJECT:		ted Liability Company	<u> </u>
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Christopher Moore		
		Name of Person	
			<u> </u>
		Firm/Company	
	2632 Country Side Dr.		
	2002 Godinity Glde DI.	Address	
	Fleming Island, FL 3200	03	
		City/State and Zip Code	
-	drchrismoore@gmail.co		
	h-mail address: (to	o be used for future annual report notific	ation)
For further information conc	erning this matter, please cal	II:	
Ole t-11 - te			
Chantel Lofthouse Name of Po	No. 1170	at (<u>800</u>) <u>375-2453</u>	"1-1
Name of Le	лхон	Area Code Daytime T	elephone 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oany here:	
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		».
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. Te		
B. If amending the registered agent and/or registered office addreregistered agent and/or the new registered office address here:	ess on our records, enter the name of	the nev
The state of the s		
Name of New Registered Agent:		
New Registered Office Address:		
	ter Florida street address	
	, Florida	
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christopher Moore	2632 Country Side Dr.	
		Fleming Island, FL 32003	⊠ Remove
			☐ Change
AMBR	Midland IRA, Inc. FBO Christopher Moore, 1639087	2632 Country Side Dr.	 Add
		Fleming Island, FL 32003	□ Remove
		Cl Change	
			□ Add
			Петоче
			□ Change
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			□ Remoxe
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fective date, if other than the c	ate of filing:			(0.	ntional		4.4
un effective date is listed, the date must offeet in this blood cument's effective date on the Dep	be specific and ca ik does not mee partment of Stat	nnot be prior to out the applicable's records.	date of filing or n e statutory filin	ore than 90 days a g requirements,	ifter filing.) P this date wi	ursuant to Il not be	605:0207 listed as
record specifies a delayed The 90th day after the reco	effective dat d is filed.	e, but not a	in effective t	ime, at 12:0	1 a.m. on	the ea	arlier of
ed April 4	,	2017					
V		11.					
si	gnature of a men	her or author					

Page 3 of 3

Filing Fee: \$25.00