# L17000153101

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## **COVER LETTER**

.TO: Registration Secti Division of Corpo	
SUBJECT: Ne	WPOINT (ENTER LLC Name of Limited Liability Company
	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:  Name of Person
	Firm/Company
	130 S University Drive Suite C
	Plantation FL 33324
	City/State and Zip Code  And, Devez Ola Omail. Com  E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Ana Name of P	Neuman at (954) 379 - 8981 Area Code Daytime Telephone Number
Enclosed is a check for the	
\$25.00 Filing Fee	Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

Newpoin:	t Center LLC			
(Name of the Limited L. (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liabil Florida document number 1700015	ity Company were filed on/	18 /17 and assigned		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company here:			
Ana Newman 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	<b>.</b>			
(Principal office address MUST BE A STREET A	DDRESS)			
		<del></del>		
Enter new mailing address, if applicable:		3		
(Mailing address MAY BE A POST OFFICE BQ)	<u> </u>	<u> </u>		
	<del></del> -	SS. SS.		
B. If amending the registered agent and/or a	registered office address on our re	٠٠ ليا .		
registered agent and/or the new registered office		FLOR FLOR		
Name of New Registered Agent:		<b>5</b> F <b>5</b>		
New Registered Office Address:				
	Enter Florida street address			
_		, Florida		
No. Desires and Associate Signature if the series Desired	City	Zip Code		
New Registered Agent's Signature, if changing Regis				
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi- company has been notified in writing of this chan	nd complete performance of my duti ed agent as provided for in Chapter stered office address, I hereby confit	es, and I am familiar with and 605, F.S. Or, if this document is		
	If Changing Registered Agent, Sign	ature 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		A	-   T
Effective date, if other than the date of filing:	nal)	== ::: :aft To 6	05.0207 (3)( sted as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.  The 90th day after the record is filed.	.m. on th	ne ear	lier of:
Dated July 24 2017			
Dated July 24 <sup>th</sup> 2017  Atuu M  Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00