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COVER LETTER

TO: Registration Section of Corp			
SUBJECT: _ H161	HPOINT CAP Name of Limi	PITAL SOLUTION (ited Liability Company)	US LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	CAR	Name of Person	
	HIGHPOINT	CAPITAL SOLUT Firm/Company	10NS LLC
	555 NW	95 STREET, Address	
	MIA	MI, FL 3315 City/State and Zip Code	0
	TO TO 12 E-mail address: (1)	O HOTMAIL Co be used for future annual report notific	cation)
For further information con	ncerning this matter, please ca	dt:	
CAPLOS Name of	Person	at (<u>786</u>) <u>277</u> Area Code Daytime '	E Z 6 9 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**

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

The Articles of Organization for this Limited Liabi	lity Company	v were filed o	on <u>9/2</u>	6/17_	an	ıd assig	gned
Florida document number <u>L 17-0001993:</u>	7 3						
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the	e limited liab	bility compa	ny here:				
The new name must be distinguishable and contain the words	s "Limited Liab	ility Company,	the designation	n "LLC" or the a	bbreviati	on "11	.C."
Enter new principal offices address, if applicable	e:						
(Principal office address MUST BE A STREET A	DDRESS)				• •	25	
					, .	(٠,
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Enter new mailing address, if applicable:						<u></u>	
(Mailing address MAY BE A POST OFFICE BO.	<i>X</i>)					= '.	:
	<u></u>					5.5	
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B. If amending the registered agent and/or registered agent and/or the new registered office			ss on our r	ecords, <u>enter</u>	the na	<u>ame of</u>	<u>f the n</u>
Name of New Registered Agent:	NICO	DLAS	VEL	巨艺	_		
New Registered Office Address:	<u> 555</u>	NW Ente	95 ST or Florida street	REST_ (address			
	MIA	~41		, Florida	33	3151	0
_		City			Zip	Code	
New Registered Agent's Signature, if changing Regi	stered Agent	<u>.</u>					
		_					

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 **Type of Action Title** Name Address HENRY DOW 555 NW 95 ST, MIAMI, 933150 Add MGR Remove _□ Add ☐ Remove ☐ Change _□ Add □ Remove □ Change ŝ □ Remove {-; -; _Change □ Add _□ Remove ☐ Change

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□ Remove

☐ Change

enter If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.		•			
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Filing Fee: \$25.00