

L17000199925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

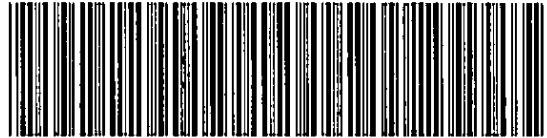
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
STATE OF NEW YORK

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NOV 10 2020  
M. SOLOMON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BlackPoint Funding, 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:

Josie R. Williams

Name of Person

BlackPoint Funding, LLC

Firm/Company

600 SW 4th Avenue, Suite 101

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

josie@blackpointfundingllc.com

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

For further information concerning this matter, please call:

Josie Williams

954

253-0890

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BlackPoint Funding, LLC

(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 Liability Company were filed on 10/02/2018 and assigned  
Florida document number 1.17000199925.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Eric Charles Grimpe	18736 120th Terrace North	<input type="checkbox"/> Add
		Jupiter, FL 33478	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Edward John Grimpe	313 NE 2nd Court	<input checked="" type="checkbox"/> Add
		Dania Beach, FL 33004	<input type="checkbox"/> Remove
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STATE OF FLORIDA  
JACKSONVILLE, FL 32203

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**D.** If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

175

2028 OCT -2 AM 13:04

SECRET

**E. Effective date, if other than the date of filing:** January 1, 2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the record is filed.

Dated August 21, 2020

Signature of a member or authorized representative of a member

Josie R. Williams

Edward John Grintpe

Typed or printed name of signee