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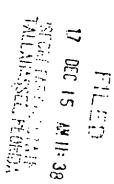
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Division of C	
Charlotte SUBJECT:	Point Development, LLC
30b///c 11	Name of Limited Liability Company
	of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following:
	Betsy Harvey
	Name of Person
	Ellis Funk, P.C.
	Firm/Company
	3490 Piedmont Road. Suite 400
	Address
	Atlanta, GA 30305
	City/State and Zip Code
	bharvey@ellisfunk.com E-mail address: (to be used for future annual report notification)
For further information	reoncerning this matter, please call:
Betsy Harvey	at () e of Person Area Code Daytime Telephone Number
Name	e of Person Area Code Daytime Telephone Number
Enclosed is a check for	r the following amount:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status

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**

Charlotte Point Development, LLC		
(Name of the Limited Liability (A Florida l	Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on October 26, 2017	and assigned
Florida document number L17000222539	_ .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Point Charlotte Development, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	755 F
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		多。5万元
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		,
		<u></u> <u></u>
		Σ. O
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ls, <u>enter the name of the</u>
Name of New Registered Agent:		·····
New Registered Office Address:		
	Enter Florida street addre	rss.
<u></u>	, FI	lorida
	City	Zip Code

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>	Name	Address	Type of Action			
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			Remove			
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effective date is listed, the date mus	t be specific and canno	ot be prior to date	of filing or more	han 90 days after f	iling.) Pursuant to 60:	
te: If the date inserted in this blument's effective date on the D			tatutory timing re	quirements, this	date will not be fist	eo as u
record specifies a delayed he 90th day after the rec		but not an	effective time	e, at 12:01 a.	m. on the earli	er of:
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December 5	20	17		This		
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Page 3 of 3

Filing Fee: \$25.00