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COVER LETTER

Div	ision of Corp	porations			
SUBJECT:		Pointe, LLC			
306/1201.		Name of Limi	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Misty Kent			
			Name of Person	·	_
		Royal American Companie	es		
			Firm/Company		_
		1002 W. 23rd St., Ste. 400			
			Address		_
		Panama City, FL 32405			
			City/State and Zip Code		_
		misty.kent@royalamerican.	com to be used for future annual re		
For further in	nformation co	oncerning this matter, please ca		рогі пописанон)	
Misty Kent				3234 Daytime Telephone Number	
	Name of	Person	Area Code	Daytime Telephone Number	er
Enclosed is a	check for th	e following amount:			(1
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific sed) Certifie	cate of Status &

MAILING ADDRESS:

* t

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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

RA Norton Pointe, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records da Limited Liability Company)	0
The Articles of Organization for this Limited Liability Florida document number L17000225812	Company were filed on 10/31/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L1.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST_BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the name of the
N. C. C. C. C. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Southern Coastal Mortgage Co	1002 W. 23rd St., Ste. 400	
		Panama City, FL 32405	■ Remove
			Change
MGR	Waddell Plantation, Inc.	1002 W. 23rd St., Ste. 400	Add
		Panama City, FL 32405	Remove
			☐ Change
AMBR	Southern Coastal Mortgage Co	1002 W. 23rd St., Ste. 400	Add
		Panama City, FL 32405	■ Remove
			Change
AMBR	Waddell Plantation, Inc.	1002 W. 23rd St., Stc. 400	= Add
		Panama City, F1. 32405	□ Remove
			☐ Change
AMBR	Green Mills Holdings, LLC	347 N. New River Drive, E #2705	
		Ft. Lauderdale, FL 33301	Remove
			Change
	Green Mills Holdings, LLC		
			Remove
			Change

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	12/05/17
(If an eff Note:	date, if other than the date of filing: (optional) ve 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), he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	evember 30 2017
	Signature of a member or apthorized representative of a member
	Lauretta J. Pippin, Secretary

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Typed or printed name of signee

Filing Fee: \$25.00