

218000015545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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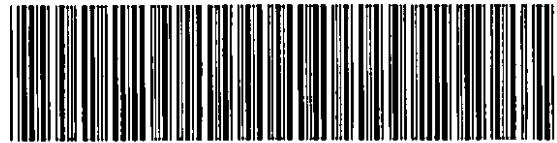
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

0 511015
AUG 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greenpoint Hotel Management Doral LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees were submitted for filing.

Please return all correspondence concerning this matter to the following:

i
Name of Person

Point Touch LLC
Firm Company

4700 Sheridan St. Suite 1
Address

Hollywood, FL 33021
City, State and Zip Code

E-mail address (include local or Internet domain name, if not E-mail)

For further information concerning this matter, please call:

Pablo Hoberman at 386 - 364-8200 ext 6011
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 32313

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
204 Executive Center Circle
Tallahassee, FL 32304

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Greenpoint Hotel Management Doral 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 01/17/2018 and assigned Florida document number L18000015545

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 "LLC."

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

City

Florida

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 relating to the manner and performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 602, 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>
MGR	Point Touch LLC		☐ Add
		4700 Sheridan St Ste J	☒ Remove
		Hollywood, FL 33021	
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Pablo Hoberman.

Typed or printed name of signer