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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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98/20/24--01097--028 \*\*2E.00

## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations	•	
	STA ASSET MANAGEMEN	T, LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTIAAN VAN DER	BURGH	
		Name of Person	
	MAINPOINT CAPITAL E	HOLDINGS, LLC	
	·	Firm/Company	
	1961 GRAND RUE DRIV	Е	
		Address	
	CASSELBERRY, FL 3270	07	
		City/State and Zip Code	
	christiaan.vanderburgh@gn		
	E-mail address: (	to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
CHRISTIAAN VAN DE	ER BURGH	910 398-3138	
Name of Person		at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of	Tallahassee oe Street, Suite 810
rananassee, l	しし フムシモサ	2410 N. MOIN	oc onect, oute 610

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN VISTA ASSET MANAGEMI	,	ny as it now appears on our reculability Company)	ords.)	
he Articles of Organization for this Limited Liabi	ility Company	were filed on	<del></del>	and assigned
lorida document number [1.18000027022				
his amendment is submitted to amend the followi	ng:			
	_			
If amending name, <u>enter the new name of th</u>	e limited liab	ility company here:		
				<del></del>
he new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "L	.LC" or the abbr	eviation."L.L.C."
nter new principal offices address, if applicabl	le:	1961 GRAND RUE DRIVE	<u> </u>	
Principal office address MUST BE A STREET ADDR		CASSELBERRY, FL 32707	7	<u> </u>
				. רר - י
nter new mailing address, if applicable:		1961 GRAND RUE DRIVE	<u> </u>	· · · <u>-</u> - · ·
Mailing address MAY BE A POST OFFICE BO	(X)	CASSELBERRY, FL 32707	7	; -
	<u>· - ·</u>			
3. If amending the registered agent and/or regi	stered office :	address on our records, ent	ter the name	of the new regis
gent and/or the new registered office address h				
Name of New Registered Agent:				
New Registered Office Address:	1961 GRAND	RUE DRIVE		
1.011 Register Vine Presides.		Enter Florida street ada	Iress	
,	CASSELBERR	YY	Florida 3270	7
<del>-</del>	<del></del>	Circ .		Zin 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 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>	Address	Type of Action
			□Add
			□Remove
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Filing Fee: \$25.00