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(Re	questor's Name)		
···· (A d	dress)		
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(Cit	y/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Name)		
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Certified Copies	_ Certificates of	Status	
			
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09/07/18--01020--020 **25.00



2010 SEP -7 AM II: 21 SECRETARY OF STATE

COVER LETTER

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:
Elizabeth A. Green Name of Person
The Fireen Companies, Inc.
9155 5 Dadeland Blvd. Suite 1912
Miami, FL 33156 City/State and Zip Code Of Pen () 1 D + hearten companies United address: (to be used for future annual report nonlication)
or further information concerning this matter, please call:
Name of Person at 1 305, 1070-1000 Name of Person at 1 305, 1070-1000 Area Code Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 SEP -7 AM 11: 26

Southpointe Plant	ompany as it now appears on our records. TALL AHASSEE, FL ited Liability Company)
The Articles of Organization for this Limited Liability Comp	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	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	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> <u>here</u> ;
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	S 4D S CARC

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>	Address	Type of Action
MGR	Susan Anne Grad	9155 South Dadeland Blvd	M\dd
		Suite 1812	Remove
		Miami, FL 33156	Change
Asst.Mgr	Patricia Yakubec	9155 South Dudeland Blvd	De Add
_		Suite 1912	Remove
		MIAMI, FL 33156	🗆 Change
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), it amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	te date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605,0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	August-3 2018 Signature of a member or authorized representative of a member
	Elizabeth A. Green Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00