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Special Instructions to	Filling Officer.	

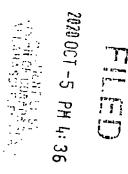
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## **COVER LETTER**

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of C	or por accous		
Rocky Po	oint Income Partners 11, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jason Smith		
		Y (D	
		Name of Person	
		Firm/Company	
	8307 Gunn Highway		
		Address	
	Tampa, FL 33626		
	<del></del>	City/State and Zip Code	
	jsmith@harborlightholding		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Jason Smith		813 443-4913	
Name	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
	_	7 \$55 00 Elling Exp &	= \$40.00 Elling Ess
☐ \$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 Addi		Street Address:	
Registration		Registration Se	
Division of	Corporations	Division of Co	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rocky Point Income Partners #11, LLC	-	1620
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L18000184230	mpany were filed on 8/1/2018 Sign	and assigned
This amendment is submitted to amend the following:		36
A. If amending name, enter the new name of the limite	ed liability company here:	
Rocky Point Income Partners #11E, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 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
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			□Remove
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an effective date is tote: If the date is	other than the date of filing:
record specifies a lis filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated September :	23 2020
}	
_<	Signature of a member or authorized representative of a member
Jason S	Typed or printed name of signee