118000240985

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

то:	Registration Se Division of Co			
CHDII	2323 Point	e Group, LLC		
SUBJE				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		William Manning		
			Name of Person	
		2323 Pointe Group, LLC		
			Firm/Company	
		1132 Kane Concourse, Ste	.200	
		·	Address	
Bay Harbor Islands, FL 33154				
		Support@pointecompanies.	City/State and Zip Code com	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information o	concerning this matter, please o	all:	
Willian	n Manning		305 865-1923	
	Name (of Person	at () Area Code Duytime	Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	☐ S55.00 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 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**

2323 Pointe Group, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000240985	were filed on 10/11/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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>
	35.
	The state of the s
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- 34 (j)
	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Revistered Avent'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>	<u>Address</u>	Type of Action
MGR	AML 2323, LLC	19900 E country club dr 712 Aventura, Fl 33180	■ Add
			☐ Remove
		_	· · · · ·
		-	Change
			□ Add
			□ Remove
			Change
<u>-</u> _			
			□ Remove
			☐ Change
			Add
		Remove	
			Change
			🗆 Remove
			☐ Change
		 	
			☐ Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
Not	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: se 90th day after the record is filed.
Date	Signature of a member or authorized representative of a member
	Han Sallaw: F

Page 3 of 3

Filing Fee: \$25.00