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COVER LETTER

TO:

Registration Section

Division of Co	orporations				
	L POINT 2128 LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Barry E. Haimo, Esq.				
Name of Person					
	Haimo Law				
Firm/Company					
8201 Peters Road, Ste 1000					
Address					
Plantation, FL 33324					
		City/State and Zip Code			
	doc@haimolaw.com				
l Composition in Communication	eoncerning this matter, please c	to be used for future annual report no	iffication)		
	concerning this matter, please c				
Barry E. Haimo, Esq.		954 599-7483 at ()			
Name	of Person	Area Code Daytii	ne 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		Street Address: Registration So Division of Co			
P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPERIAL POINT 2128 LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our recor orida Limited Liability Company)	<u>'(ls.)</u>
The Articles of Organization for this Limited Liabilit Florida document number <u>L18000248905</u>		and assigned
This amendment is submitted to amend the following	ŗ.	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	·	r the name of the new registe
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street addre	255
_		lorida
	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
MGR	GFR Property Management, LLC	1950 N.E. 6th Street	⊐Add
		POMPANO BEACH, FL 33060	≣Remove
			□Change
MGR	GFR Management, LLC	1950 N.E. 6th Street	≣ Add
		POMPANO BEACH, FL 33060	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Signature of a member or authorized representative of a member Barry E. Haimo, Esq. Typed or printed name of signee

Filing Fee: \$25.00