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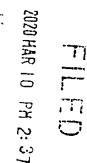
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COVER LETTER

TO: Registration So Division of Cor		v	
THE POL	INTE AT WELLINGTON, LL	С	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	undence concerning this matter	to the following:	
	DARYL L STAIR		
		Name of Person	
		Firm/Company	
	10440 GOLDEN EAGLE	COURT	
	1.00	Address	
	PLANTATION, FL 3332	4	
	DARYLSTAIR@ATT.NE	City/State and Zip Code T	
		to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
DARYL L STAIR		954 260-6154	
Name e	of Person	at ()	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)
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	l'allahassee
Tallahassee,	rt. 52514	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE POINTE AT WELLINGTON, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/08/2018}{1}$ and assigned Florida document number ____L18000262792 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new re agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Name	Address	Type of Action
MGR	STEVEN D STAIR	4000 SW 140 AVENUE, DAVIE, FL 33330	≣ Add
			([]Remove
			🗀 Add
			□Remove
			□Change
			UAdd
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Signature of a member or authorized representative of a member	,	MARCH 9, 2020
Signature of a member or authorized representative of a member	Dated [_
	Dated _	

Filing Fee: \$25.00