L190000254/6

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	· · · · · · · · · · · · · · · · · · ·
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2019 APR 11 PM 6:27

C. GOLDEN APR 1 7 2019

COVER LETTER

Division of Corp	orations		
SUBJECT: LR	Point, LLC Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jesse K	Name of Person 17, LLC Firm/Company	<u> </u>
	LK Poin	IT, LLC	
		Firm/Company	
	800 dora	do Ave	
		Address	
	orbando,	FL 32807 City/State and Zip Code	<u>.</u> .
	Point FL	FL 32807 City/State and Zip Code O 0 000 L. COM To be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
Je44	Raper	at (<u>&&</u>) <u>291</u> Area Code Daytime	- 9349
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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:

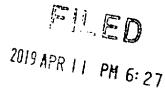
TO:

Registration Section

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



ب ا	2 Point LIC	THE STATE OF THE SE
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	0, 87 (385E, FI
The Articles of Organization for this Limited Liab Florida document number <u>Li9000 2541</u>	oility Company were filed on <u>Jan 24, 2</u>	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
(Principal office address MUST BE A STREET.	ADDRESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>er</u> <u>ce address here</u> :	iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	a Zip Code
	Cay	zip Coae

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	Jesse Raper	800 devado ave	₩ Add
·	800 devado ave Orlando, FL 32807	Remove	
			Change
		Add	
		Remove	
			Change
			Remove
			Change
		Remove	
		 	Change
			□ Remove
			Change
			□ Add
			Remove
			□ Change

		
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'an effecti <u>'ote:</u> If t	te date, if other than the date of filing:	s after filing.) Pursuant to 605.0207
e recor The 90	ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	01 a.m. on the earlier o
ated	march 27, 2014	
	1 a Malon Sold I	
	Signature of a neuroper or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00