L19000101827

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| (Dusiness Entry Name) | | | | |
| (Daguerant Number) | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| Division of Corpo | rations | | | | |
|------------------------------|---|--|--|-----------------------|---------|
| SUBJECT: Poin | + Mark Re. | alty LLC ited Liability Company | | | |
| The enclosed Articles of Ar | mendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspond | lence concerning this matter | to the following: | | | |
| | Point Mar 140 Island I Clearwate LGUARIN | r Beach, FL 3 City/State and Zip Code 076@GMAIL. | 33767 com | 2020 OCT 19 PM 12: 55 | <u></u> |
| For further information con | E-mail address: (cerning this matter, please ca | to be used for future annual report notific | ration) | PH I | Ĺ |
| | | at (315) 783 - Area Code Daytime | - 4744 Telephone Number | 2: 5 5 | |
| Enclosed is a check for the | | Area Code Daytime | □ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl | | |
| Mailing Address | | Stront Address | | | |

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Point Mark Realty (Name of the Limited Liability Compan | Lic | |
|---|--|---|
| (A Florida Limited L | is as it now appears on our records.) | |
| The Articles of Organization for this Limited Liability Company | were filed on 4/23/2010 | and assigned |
| Florida document number <u>L19000101827</u> . | , | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1253 PARKST. Suite LE3 | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite LE3 | |
| | Clearwater, FL | · 33756 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | 2020 |
| | | DCT |
| | | 25 T |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the r</u> | name of the new registered |
| agent and/or the new registered office address here. | | |
| Name of New Registered Agent: | | 25 S |
| | - | |
| New Registered Office Address: | Enter Florida street address | |
| | Płorida | l |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and I or rovided for in Chapter 605, F.S. | am familiar with and Or, if this document is |
| company has occu norther in writing of this entinge. | | |

If Changing Registered Agent, Signature of New Registered Agent

Filing Fee: \$25.00