## L19000101827

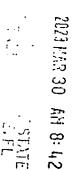
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## COVER LETTER

	stration Session of Corp						
SUBJECT:	Point Mark	Realty LLC					
Sebacer.		Name of Lin	mited Liability Company		• •	•	•
The enclosed	Articles of a	Amendment and fee(s) are su	bmitted for tiling		1		
		ndence concerning this matte					
rease return	in correspon	dence concerning this matte	r to the following:		;		
		Lesley Guarino			•		
			Name of Person	<del>-</del>	_		
		Point Mark Realty LLC					
			Firm/Company		_		
		140 Island Way Suite 128					
			Address		_		
		Clearwater FL 33767			4,	; :	2023
			City/State and Zip Code		_	•	17.
		LGUARINO76@GMAIL.					۲
			to be used for future annual report notifi	cation)			<u> </u>
For further info	ormation col	neerning this matter, please o	all:		•		A:: 8: 42
Lesley Guarino	o		315 783-4744				7
	Name of I	Person		Telephone Numbe	:ŗ		
Enclosed is a cl	heck for the	following amount:					
■ \$25,00 Fili		_	□ 655 00 mm · · · · ·	,			
323.00 [ 111	ng rec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of I Cop	Status &	
Regis Divis P.O. I	og Address: stration Se ion of Co Box 6327 hassee, FL	rporations	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 8	310		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Point Mark Realty LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L19000101827</u>	npany were filed on $\frac{3/28/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	•
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	a "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	
	<u></u>	22
_		53
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered o	ffice address on our records. <u>c</u>	enter the name of the new register
agent and/or the new registered office address here:		•
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street o	address :
		Florida
	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 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	Julia Sanford	140 Island Way Suite 128	<b>.</b>
		Clearwater FL 33767	. □ Remove
		<u> </u>	□ <b>G</b> ange
			: □Add
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Filing Fee: \$25.00