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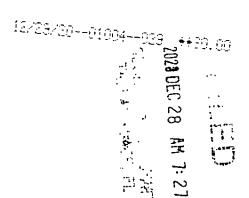
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Linky Harrie)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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O SIMMONS FEB 0 9 2021

COVER LETTER

TO: Registration : Division of Co			
SUBJECT: The	ree Point Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Elchin	Abdullay	20
	Three	Point LLC Firm/Company	
	250 174 51	APT 1004 Address	
	Sunny 15	les Beach, Fl City/State and Zip Code	_ 33160
	elchinasif @	gmail.com o be used for future annual report notifice	ition)
For further information	concerning this matter, please ca		N.V.
Adnan	Jafarov of Person	at (<u>917</u>) <u>405 3</u> Area Code Daytime T	SS13 elephone Number
Enclosed is a check for	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 Addre</u> Registration		Street Address: Registration Section	on

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

FLED

Three Point	LLC 2028	DEC 28 AM 7: 27
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our re Liability Company)	cords.)
(A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number <u>L 200011975</u> 2	were filed on $05/0$	4 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	NIX	
New Registered Office Address:	P J K Enter Florida street ad	dress
<u></u>	(in	Florida 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				2000	
<u>Title</u>	Name		Address	-11-700%	Affrone of Action
MGR	Adnan	Jafarou	Address 250 174 st . APT Sunny Isles Beach	FC 3316	C Avgg
					□Change
					🗀 Add
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ective date, if other than the date of filing:	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
effective date is listed, the date must be specific and cannot	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
te: If the date inserted in this block does not meet the nument's effective date on the Department of State's r	e applicable statutory filing requirements, this date will not be listed as t
union series ive date on the iseparation of state si	records.
·	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ed 12/16/2020 /.	
Line	
Signature of a member	or authorized representative of a member
·	
	\ \\
Elchin Ab	or printed name of signee