

L200000233923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

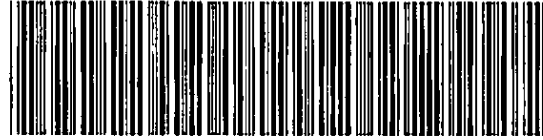
(Business Entity Name)

(Document Number)

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2020 OCT 20 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

11/25/20  
@

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southpoint Crossing LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ian McKillop, Esq.

\_\_\_\_\_  
Name of Person

McKillop Law Firm PL

\_\_\_\_\_  
Firm/Company

7563 Philips Highway, Building 500

\_\_\_\_\_  
Address

Jacksonville, FL 32256

\_\_\_\_\_  
City/State and Zip Code

Ian@McKillopLawFirm.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian McKillop

904  
at ( )

503-3893

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**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**

**FILED**

2020 OCT 20 PM 1:49

Southpoint Crossing LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on August 4, 2020 and assigned  
Florida document number L20000233923.

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:**

7563 Philips Highway

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 208

Jacksonville, FL 32256

**Enter new mailing address, if applicable:**

7563 Philips Highway

**(Mailing address MAY BE A POST OFFICE BOX)**

Suite 208

Jacksonville, FL 32256

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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>	<u>Type of Action</u>
MGR	Hart Resources LLC	8051 Tara Lane	<input type="checkbox"/> Add
		Jacksonville, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adam Rigel	7563 Philips Highway	<input checked="" type="checkbox"/> Add
		Suite 208	<input type="checkbox"/> Remove
		Jacksonville, FL 32256	<input type="checkbox"/> Change
MGR	Adam Eiseman	7563 Philips Highway	<input checked="" type="checkbox"/> Add
		Suite 208	<input type="checkbox"/> Remove
		Jacksonville, FL 32256	<input type="checkbox"/> Change
MGR	Alexander Sifakis	7563 Philips Highway	<input checked="" type="checkbox"/> Add
		Suite 208	<input type="checkbox"/> Remove
		Jacksonville, FL 32256	<input type="checkbox"/> Change
MGR	Gregory Cohen	7563 Philips Highway	<input checked="" type="checkbox"/> Add
		Suite 208	<input type="checkbox"/> Remove
		Jacksonville, FL 32256	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**