L20000324502

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

Office Use Only



100354593111

11/06/20--01013--016 **25.00

2020 DEC 23 PM 1:21

E22820

COVER LETTER

SUBJECT: FROM	ST POINT RE	ALTY LLC nited Liability Company	
	mendment and fee(s) are sub		
	PAUL FO	RBERGER Name of Person	
	FROST POIN	T REALTY LL	<u>C</u>
	515 N. 7	-LAGLEK DRIM	<u> </u>
	WEST PAL	M BEACH, FO City/State and Zip Code rost Point Capit to be used for future annual report notif	- 334//
			cl. (cm
For further information con Paul For	cerning this matter, please c	all: at (<u>561</u>) <u>310 - 9</u> Area Code Daytime	8455 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 tadditional copy is enclosed)
Mailing Address		0	

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

Registration Section Division of Corporations

TO:

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

(A Florida Limit	ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing LOOD 334503.	any were filed on octobe 12	
This amendment is submitted to amend the following:		7
A. If amending name, enter the new name of the limited l	iability company here:	23 ·
The new name must be distinguishable and contain the words "Limited L	iability 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)	515 N. Flagler Suite-P-300 West Palm Beach	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite P-30	ER Drive h, FL 33401
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florio	da
	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 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
MCR	PAUL FORSARCER	515 N Flagler Drive	🗆 Add
		Suite P-300	□Remove
		Soite P-300 West PalmBeach, FC 334	Ol MChange
			🗆 Add
			□Remove
		· - 	?} Change
			Change Add
			ω Remove
		· · · · · · · · · · · · · · · · · · ·	— □Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
- -	
- 	
	
	202
	D2C
	23
	P
	: 2
ve date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date the date inserted in this block does not meet the applicable ent's effective date on the Department of State's records.	
d specifies a delayed effective date, but not an effective time, ed.	
December 21, 2020	and the leagues depresentative of a member
	Mul M. V.

Filing Fee: \$25.00