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COVER LETTER

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Registration Section Division of Corporations

POINT SUBJECT:	VILLE FAMILY LLC		
	Name of Lin	uited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	LORELI MENDEZ, CPA		
		Name of Person	
	SOUTHWELL CPA		
		Firm/Company	
	5781-B NW 151ST STRE	ET	
		Address	
		City/State and Zip Code	
	MIAMI LAKES, FLORID.	A 33014	
	E-mail address: (to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please c	all:	
LORELI MENDEZ		305 822-8161	
Nam	ne of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check fo	or 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Sectorision of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	oorations illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



POINTVILLE FAMILY LLC

2021 FEB -3 AM 6:21

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/25/2020 _____ and assigned Florida document number $\frac{1.20000371802}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 2979 GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 heing 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.

Citv

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 021 FEB -3 AM 6: 21	Type of Action
			🗀 Add
			Remove
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ctive date, if other than the date of filing:	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.
If the date inserted in this block does not meet the	ne applicable statutory filing requirements, this date will not be listed
ment's effective date on the Department of State's	records.
ord specifies a delayed effective date, but not an eff	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
filed.	the vice time at 12.07 a.m. on the earlier of. (b) The vice day after t
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Signature of a member	er or authorized representative of a member
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Filing Fee: \$25.00