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(Re	equestor's Name)	
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(Dc	ocument Number)	
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Y. SCOTT

COVER LETTER

TO:

Registration Section

Division of Co	orporations			
	ldings, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Jocelyn Berglund			
		Name of Person		
	PDNP Holdings, LLC			
		Firm/Company		
	2702 W Paxton Ave, D		. : : : : : : : : : : : : : : : : : : :	2023 JUH
		Address		
	Tampa, FL 33611		<u></u>	on 1
		City/State and Zip Code	. 174 M.A	II
	jocelynberglund1@gmail.co	om to be used for future annual report notifi		22
			(- .	ယ
For further information	concerning this matter, please c	all:		
Jocelyn Berglund		214 923-7442 at ()		
Name	of Person		: 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)	S60.00 Filing Certificate o Certified Co (additional cop)	f Status & py
Mailing Addi Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassec, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PDNP HOLDINGS, LLC (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 1/20/2021 and assigned Florida document number _L21000040245 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Waterpoint Homes, LLC 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: (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 City 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>	Address	Type of Action
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			□Change
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fective date, if other than the n effective date is listed, the date must be: It the date inserted in this blocument's effective date on the Do	ock does not meet the	e applicable stati	filing or more than story filing requi	optiona (optiona) 90 days after filing rements, this date	g.) Pursua	unt to 605.01 of be listed
ecord specifies a delayed effective is filed.	e date, but not an effe	ective time, at 12	:01 a.m. on the	earlier of: (b)	The 90th	day after t
ted June 2						
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