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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL POINT FINANCIAL LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Point Financial LLC				
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L21000231224 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on <u>05/19/21</u>	and assigned		
	MIAW	The initial of LC		
The new name must be distinguishable and contain the words "Limited Liabi				
Enter new principal offices address, if applicable:	1717 N. Bayshore DR. S	STE.1239		
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33132			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registere		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	100 Miles 51		
	, 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 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>	Name	Address	Type of Action
AMBR	Steven White	1717 N. Bayshore DR. STE.1239	🗀 Add
		Miami FL 33132	□Remove
			⊠Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			ClAdd
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Effective date, if other than the date If an effective date is listed, the date must be s	e of fifing: pecific and cannot be prior t	o date of filing or more	than 90 days after filit	ng.) Pursuant to 605.020
Note: If the date inserted in this block of document's effective date on the Depart	ioes not meet the applica	ble statutory filing r	equirements, this da	te will not be listed a
discussion of the control of the con				AM II:
e record specifies a delayed effective dat rd is filed.	e, but not an effective tii	ne, at 12:01 a.m. on	the earlier of: (b)	
Dated August 27	2021	_·		
	Morran) otte-		
Sign	ature of a member of autho	rized representative of	a member	
Morgan Nobl				

Filing Fee: \$25.00