

L21000298363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

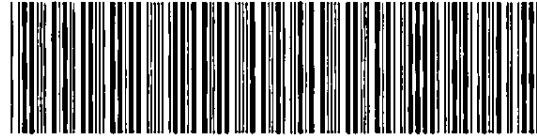
(Document Number)

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J. HORNE
FEB 15 2022

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2022 FEB 15 PM 12:41

U.S. DEPT. OF JUSTICE
ATTORNEY GENERAL'S OFFICE
WASHINGTON, D.C. 20530

F.I.I.D.

2022 FEB 15 PM 12:33

U.S. DEPT. OF JUSTICE
ATTORNEY GENERAL'S OFFICE
WASHINGTON, D.C. 20530

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POINT PRESERVE FOR 1031, 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:

DOUG LILES

Name of Person

Point Preserve For 1031, LLC

Firm/Company

900 N. County Highway 393

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

admin @ lilescompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Liles

Name of Person

at 850

Area Code

225-9409

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

2022 FEB 15 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Point Preserve For 1031 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 6-28-21 and assigned
Florida document number L21000298363

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Same

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)

900 N County Hwy 393
Santa Rosa Beach FL 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1440
Santa Rosa Beach, FL 32459

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:

Jack Liles

New Registered Office Address:

900 N County Highway 393

Enter Florida street address

Santa Rosa Beach, 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.

Jack Liles

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

Title	Name	Address	Type of Action
MGR	Doug Liles	900 N. County Hwy 393	<input checked="" type="checkbox"/> Add
		SRB, FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Katrina Walton	1550 S Jefferson St	<input type="checkbox"/> Add
		Monticello, FL 32344	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

For Purposes of 1031 Exchange

E. Effective date, if other than the date of filing: 2-11-22 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 2.11.22, 2022

Doug Liles
Signature of a member or authorized representative of a member

Doug Liles
Typed or printed name of signer

Filing Fee: \$25.00