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COVER LETTER

	gistration Sec vision of Corp					
SUBJECT	Cardinal Po	ints Consultants, LLC				
Name of Limited Liability Company						
Dear Sir or	Madam:					
The enclose	ed Statement o	of Correction and fee(s)	are submitted for filin	g.		
Please retur	n all correspo	ndence concerning this (matter to the following	g:		
Shawn C. S	Snyder, Esq.					
		Name of Person	-	-		
Snyder & S	Snyder, P.A.					
		Firm/Company		-		
7931 Orang	ge Driv e					
***		Address		-		
Davie, FL 3	33328					
	Cir	ly/State and Zip Code		_		
corp@snyd	erlawpa.com					
E-mai	address: (to	be used for future annua	report notification)	-		
For further i	information co	oncerning this matter, pl	case call:			
Brittany Ke	nnedy, Legal	Assistant	954 at (475-1139		
	Name of	Person	Area Code	Daytime Telephone Number		
Re Di P.	egistration S vision of Co O. Box 632' Illahassee, F	ection orporations 7		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303)	
Enclosed is	a check for t	he following amount:				
□\$ 25 Filin _l	g Fee E	330 Filing Fee & Certificate of Status	■\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (9	9/15)				(((H22000070290 3)))	

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ion 605.0209, F.S., this document is being submitted		1 (EB 23			
FIRST	:The na	ne of the limited liability company is:	s Consultants, LLC	÷ %			
	_		1.220000000000				
SECO	ND:	The Florida Document number of the limited liabil		-25-			
<u>THIRI</u>	<u>D</u> :	Document to be corrected is: Articles of Organization	n				
	(C	CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STATEMENT				
		is an incorrect statement. The incorrect statement, that are as follows:	ne reason the statement is incorrect, and the correct	ated			
	Please s	see attached "Exhibit A"		_			
		· · · · · · · · · · · · · · · · · · ·					
				_			
	<u>OR</u>						
0		Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are					
	as follo	ws:					
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	OR						
2	The ele	ctropie transmission of the record was defective.					
		SCA	2/23/2020				
		Signature of Authorized Representative of Mem	ber Date	_			
_		v registered agent, if applicable :(NOTE: if correcting signation).	ng the registered agent, the new registered agent r	nust sign			
New Re	egistered	Agent's Signature, if changing Registered Agent:					
I herebj provisio obligati reflect o	y accept ons of all tions of m	the appointment as registered agent and agree to ac statutes relative to the proper and complete perform y position as registered agent as provided for in Cha in the registered office address, I hereby confirm th	nance of my duties, and I am familiar with and ac apter 605, F.S. Or, if this document is being filed	cept the to merely			
		Registered Agent	's Signature				
		Filing Fee:	\$25.00				
		Certified Copy:	\$30.00 (optional)				

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Exhibit "A"

to Statement of Correction for Cardinal Points Consultants, LLC Document No.: L22000065176

Incorrect statement: The Company's Articles of Organization reflect David Tinsley whose address is 4613 N. University Drive, #604, Coral Springs, FL 33067, as a Manager.

Reason the Statement is incorrect: The Articles of Organization should not reflect David Tinsley whose address is 4613 N. University Drive, #604, Coral Springs, FL 33067, as a Manager.

Correct statement: The Articles of Organization should be corrected to reflect Michael Boutros whose address is 4613 N. University Drive, #604, Coral Springs, FL 33067, as the sole Manager.

