

7/14/23, 3:11 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GASDICK, STANTON, EARLY, P.A.
Account Number : 07535000152
Phone : (407)423-5203
Fax Number : (407)425-4185

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

Email Address: erinp@gse-law.com

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
THE POINTE REAL ESTATE TEAM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

SECRETARY OF STATE
TALLAHASSEE, FL

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TX Result Report

P 1
07/14/2023 17:22
Serial No. AA7N011006950
TC: 53675

Addressee	Start Time	Time	Prints	Result	Note
LP fax file Sec of S	07-14 17:21	00:01:48	005/005	OK	

Note

THR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
 PPG:Page Separation TX, MIX:Mixed Original TX, CAL:Manual TX, CSRC:CSRC,
 FWD:Forward, PC:PC-FAX, BND:Bound-to-Side Binding Direction, SP:Special Original,
 FCODE:IF-Code, RTX:Re-TX, RLV:Relay, MGS:Confidential, BUL:Bulletin,
 IPADR:IP Address Fax, I-FAX:Internet Fax IP-FAX: IP-FAX(SIP)

Result

OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
 TEL: RX from TEL, NG: Other Error, CONT: Continue, NO Ans: No Answer
 Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOUR:Receiving length over,
 POWR:Receiving page over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,
 DSM:DSN Response Error, PRINT:Compulsory Memory Document Print,
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

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 COVER LETTER

TO: Registration Section
 Division of Corporations

The Pointe Realty Luxury Partners, LLC

SUBJECT: _____
 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:

Erin Prete

 Name of Person

Grudick Stanton Early, PA

 Firm/Company

1601 W Colonial Drive

 Address

Orlando, FL 32804

 City/State and Zip Code

erinp@gsc-law.com

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

For further information concerning this matter, please call:

Lisa Milligan

407

423-5203

at (_____) _____

 Name of Person

Area Code

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

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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

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Pointe Real Estate Team 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 June 21, 2023 and assigned
Florida document number L23000299314.

This amendment is submitted to amend the following:

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

The Pointe Realty Luxury Partners, 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

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 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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 XXXXXX July 7, 2023

Angela Durruthy

Signature of a member or authorized representative of a member

Angela Durruthy

Typed or printed name of signee

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Filing Fee: \$25.00