

L23 000 319 776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

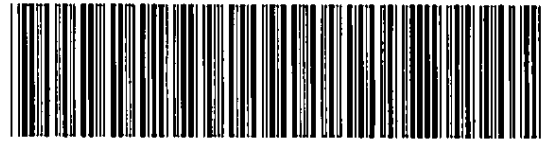
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200418426242

RECEIVED

2023 DEC -1 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 DEC -1 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/1/2023

**\*\*WALK IN\*\***

ENTITY NAME SOUTHPOINT PARENT LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: I20160000072

*S. R. J. J.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOUTHPOINT PARENT 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 07/05/2023 and assigned  
Florida document number L23000319776.

This amendment is submitted to amend the following:

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

SOUTHPOINT PARENT 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:

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 checked="" 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            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
|              |             | _____          | <input type="checkbox"/> Remove            |
|              |             | _____          | <input type="checkbox"/> Change            |

2073 DEC -1 AM 3:30  
SECRETARY OF DEFENSE  
FAL

2073 DEC -1 PM 9:38  
SECRET  
NOT

100

**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.

Dated December 1, 2023

Typed or printed name of signee