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(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	Group Realty LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
Point South Group Realty LLC    Name of Limited Liability Company			
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher Maxner		
	<del></del>	Name of Person	
	Point South Group LLC		
		Firm/Company	· <del>··</del>
	7916 Drew Cir., Suite 6		
		Address	<del></del>
	Fort Myers, FL 33967		
		•	<del></del>
	• -	*	otification)
For further information c		-	
	oncoming and manor, prouse o		
		at ( )	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
· · · · · · · · · · · · · · · · · · ·			ection
P.O. Box 632	.7	The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 NOV 13 PH 12: 13

POINT SOUTH GROUP REALTY 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 09/18/2023	and assigned
Florida document number L23000434338		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Point South Group Real Estate LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
<u></u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pelieng filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F	l I am familiar with and S. Or, if this document is

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>	Address	Type of Action
MGR	Christopher Maxner	7916 Drew Cir., Suite 6	
		Fort Myers, FL 33967	□Remove
			□Change
		<del></del>	
			□Removc
			Change
		<u> </u>	□Add
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ffective date, if other than an effective date is listed, the date Note: If the date inserted in the locument's effective date on the	must be specific and cann s block does not meet t	he applicable	ate of filing or more statutory filing re	than 90 days after equirements, this	filing.) Pursuant to 60	5.0207 ited as
record specifies a delayed effe d is filed.	ctive date, but not an e	ffective time,	at 12:01 a.m. on	the earlier of: (b	) The 90th day aft	er the
Pated	20	23				
lated		·				
	Majner Signature of a memb	er or authorize	d representative of	a member		

Filing Fee: \$25.00