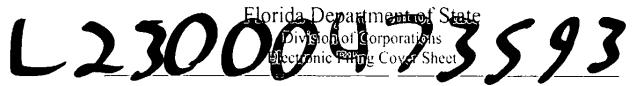
Division of Corporations



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.

(((H23000378547.3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GS2 LAW PLLC Account Number : I20230000144 Phone : (305)780-5212 Fax Number : (786)954-3860

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

Email Address:___



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTH POINT FUNDING LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$55.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH POINT FUNDING LLC	•
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	10/16/2023 and assigned
Florida document number L23000473593	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company b	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C" 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:	2
Mailing address MAY BE A POST OFFICE BOX)	~ ~
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent:	records, enter the name of the new registo
New Registered Office Address:	
	orīda 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 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	Daniel Berkman	20803 Biscayne Blvd. Suite 405	□Add
		Aventura, FL 33180	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

Effective date, if other than the date of filing: (Optional) (If an effective date, if stated, the date must be specific and cannot be prior to date of filing or more than 90 days after filing 1 Pursuant to 608.92 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 ord is filed. Dated October 30 2023 Sel'visef Shwedel Signature of a member or authorized representative of a member					
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