	. COM MET HIS STATE AND
(Requestor's Name)	
(Address)	000369200
(Address)	000000200
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	07/15/2101005
(Business Entity Name)	
(Document Number)	Ø z
Certified Copies Certificates of Status	) ) ) ()
Special Instructions to Filing Officer.	
	. )
	Anind
Office Use Only	1 11100.19



800

-015 \*\*35.00

2021 JUL 20 AM 9: 42

JUL 2 1 2021

LALBRITTON

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			_
2000 POINT PLA	ACE, CORP.		
	<del></del>		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	<del></del>		Fictitious Owner Search
o.g.iata. o			Vehicle Search
		<del></del> -	Driving Record
Requested by: SETH	··]		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Name	Date	11111¢	UCC 11 Retrieval
Walk-In		p	Courier



July 15, 2021

CAPITAL CONNECTION, INC.

SUBJECT: 2000 POINT PLACE, CORP.

Ref. Number: P03000082886

We have received your document for 2000 POINT PLACE, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00016221

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

•

NAME OF CORPORA	ATION: 2000 Point Place,	Согр.		
DOCUMENT NUMBE	R: P03000082886			
	Amendment and fee are su	ubmitted for filing.		
Please return all correspondent	ondence concerning this ma	atter to the following:		
N	fimi Bared			
_		Name of Contact Person	n	
В	ared & Associates, P.A.			
		Firm/ Company		
2	201 Alhambra Circle, Suite 501			
_	Address			
C	Coral Gables, FL 33134			
		City/ State and Zip Cod	e	
mimi@	baredlaw.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	oncerning this matter, pleas	se call:		
Mimi Bared		at ( 305	666-6010	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend Divisio P.O. B	g Address ment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

2000 Point Place, Corp.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P03000082886		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name mus	abbreviation t contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		~~
,		0.2
		<u> </u>
		. 20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•	
(manifest and con many and and an analysis)		<b>3</b>
		<del></del>
		<del>-</del> -
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		_
(Florida stre	et address)	_
New Registered Office Address:	, Florida	
		Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position	
Signature of New Re	gistered Agent, if changing	<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	T	Isaac Cohen Ramras	21050 NE 38th AVE
Add			1804
X Remove			Aventura, FL 33180
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
<u> </u>	
	<u> </u>
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) ac	doption:	, if other than th
date this document was signed.		
Effective date if applicable:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date v partment of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(vating group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
July 12, 20: Dated	21	
Signature	SHA	
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Marcos Cohen	
•	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	