

P11000054475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

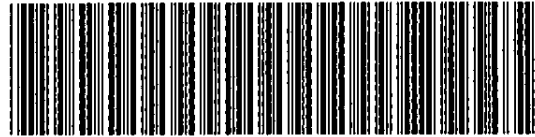
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEW POINT MIAMI, INC.

DOCUMENT NUMBER: P11000054475

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Lanza, Esq.

Name of Contact Person

MELISSA P. LANZA, P.A.

Firm/ Company

104 Crandon Blvd., Suite 420

Address

Key Biscayne, FL 33149

City/ State and Zip Code

llanzalaw@aol.com

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

For further information concerning this matter, please call:

Lisa Lanza, Esq.

Name of Contact Person

at (305)

361-0997

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

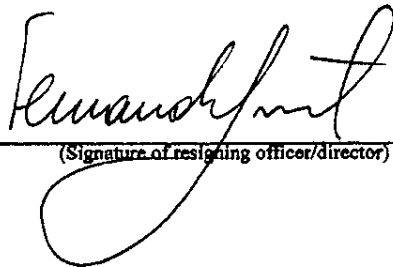
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Fernando Ithurrart, hereby resign as President and Director
(Title)

of NEW POINT MIAMI, INC.
(Name of Corporation)

P11000054475, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

ⓧ 
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA