Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : PRIME GENERAL LLC Account Number : I20170000053

: (954)624-4807

Fax Number

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

Email Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CREATIVE HOMES USA, L.L.C.

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

Creative Homes USA, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fany Jenny Cohen

Name of Person

Creative Homes USA, L.L.C.

Firm/Company

9130 S. Dadeland Blvd, #1509

Address

Miami, FL 33156

City/State and Zip Code

administration@primegroupus.com

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

For further information concerning this matter, please call:

Fany Jenny Cohen

_{...,}954、392-878

Name of Person

Area Codo

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREATIVE HOMES USA, L.L.C.

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

	,	LORIDA	
The Articles of Organization for this Limited I Florida document number <u>L10000099279</u>	iability Company were filed on 9/2	22/10 and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>·e</u> ;	
The new name must be distinguishable and end with the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the	
Name of New Registered Agent:	FANY JENNY COHEN		
New Registered Office Address:	9130 S. DADELAND BLVD, SUITE 1509		
	Enter Florida street address		
	MIAMI	, Florida <u>33156</u>	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Address** Title <u>Name</u> Type of Action 2875 NE 191 STREET, SUITE 801 **MGR** SALOMON SUTTON AVENTURA, FLA 33180 ■ Remove Salvador Becherano 2875 NE 191 STREET, SUITE 801 MGR Aventura, FLA 33180 ■ Remove MGR Fany Jenny Cohen 1930 S. Dadeland Blvd, Suite 1509 Miami, FL 33156 ☐ Remove □ Add ☐ Remove ☐ Remove □ Add ☐ Remove

If amending any other information, ent	· · · · · · · · · · · · · · · · · · ·	
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Dated March 9	ຸ 2018	
Commission of the Commission o	Juny hours	
Signature	of a member or appropried represent	lative of a member

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Filing Fee: \$25.00