L17000191751

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CLO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

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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17 NOV 13 AM 7:12
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TALLAHASSEE, FLORIDA

2017 NOV 13 AM 9:56

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE PRIME FINISHING LLC

Certificate of Status	0
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Page Count	01
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE PRIME FINISHING, 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 06/15/2017 and assigned Florida document number L17000131351.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE PRIME FINISH, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

68 SE 6TH #2502
MIAMI, FL 33131

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

20201 E COUNTRY CLUB DR 309
AVENTURA, FL 33180

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:
Enter Florida 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 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

Title	Name	Address	Type of Action
MGR	ANTOINE E. BOU SELWAN	11390 SW 66 STREET	☐ Add
		MIAMI, FL 33173	■ Remove
			☐ Change
AMBR	CASSIO MARKMAN	68 SE 6TH #2502	☐ Add
		MIAMI, FL 33131	☐ Remove
			■ Change
AMBR	CARLOS CASAGRANDE, LLC	20201 E. COUNTRY CLUB #309	■ Add
		MIAMI, FL 33180	☐ Remove
			☐ Change
MGR	CARLOS E CASAGRANDE	11390 SW 66 STREET	☐ Add
		MIAMI, FL 33173	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

17 NOV 13 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated NOVEMBER 03, 2017

casagrande
Signature of a member or authorized representative of a member

CARLOS EDUARDO CASAGRANDE
Typed or printed name of signee