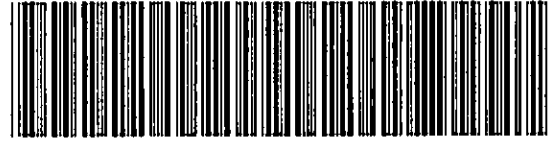


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(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRCA LAND VENTURES, LLC
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:

PATRICIA VALLEJO
Name of Person
PRCA LAND VENTURES, LLC
Firm/Company
2990 PONCE DE LEON BLVD., STE. 500
Address
CORAL GABLES, FL 33134
City/State and Zip Code
PVALLEJO@AJPVENTURES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA VALLEJO at (305) 448-2330
Name of Person Area Code 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRCA LAND VENTURES, 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 10/01/2022 and assigned Florida document number L22000409841.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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

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

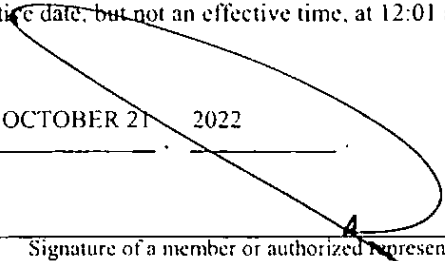
E. Effective date, if other than the date of filing: 11/01/2022 (optional)

(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)

Note: 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 OCTOBER 21 2022

A handwritten signature in black ink, written over a horizontal line. The signature appears to be "ALBERTO J. PEREZ".

Signature of a member or authorized representative of a member

ALBERTO J. PEREZ

Typed or printed name of signee

Filing Fee: \$25.00



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Detail by Entity Name

Florida Limited Liability Company
PRCA LAND VENTURES, LLC

Filing Information

Document Number L22000409841
FEI/EIN Number NONE
Date Filed 09/20/2022
Effective Date 10/01/2022
State FL
Status ACTIVE

Principal Address

2990 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES, FL 33134

Mailing Address

2990 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES, FL 33134

Registered Agent Name & Address

AJP MANAGEMENT GROUP, LLC
2990 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES, FL 33134

Authorized Person(s) Detail

Name & Address

Title MGR

PEREZ, ALBERTO J
2990 PONCE DE LEON BLVD., SUITE 500
CORAL GABLES, FL 33134

Title MGR

PEREZ, JOSE G
2990 PONCE DE LEON BLVD., SUITE 500
CORAL GABLES, FL 33134

Title MGR

DE CESPEDES, CARLOS
2990 PONCE DE LEON BLVD., SUITE 500
CORAL GABLES, FL 33134

Annual Reports

No Annual Reports Filed

Document Images

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