

L04000059401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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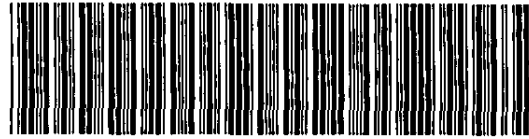
(Business Entity Name)

(Document Number)

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2013 OCT 18 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ouligan OCT 21 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: American Prime at North Carolina II, 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:

**Jose Menendez**

Name of Person

**American Prime**

Firm/Company

**5775 Blue Lagoon Drive, Suite 350**

Address

**Miami, FL 33126**

City/State and Zip Code

**jmenendez@americanprime.com**

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

For further information concerning this matter, please call:

**Jose Menendez**

Name of Person

**305 267-9660**

at ( )

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

FILED  
2013 OCT 18 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

American Prime at North Carolina II, 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 August 10, 2004 and assigned  
Florida document number L04000059401.

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 end with 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)

5775 Blue Lagoon Drive, Suite 350

Miami, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5775 Blue Lagoon Drive, Suite 350

Miami, FL 33126

**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:

5775 Blue Lagoon Drive, Suite 350

*Enter Florida street address*

Miami

*City*

, Florida 33126

*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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

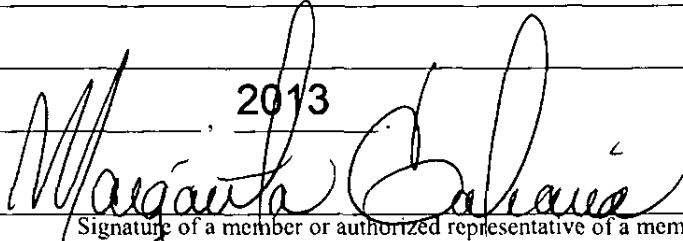
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lomar Group, LLC	10631 SW 88 ST	<input type="checkbox"/> Add
		Suite 280	<input checked="" type="checkbox"/> Remove
		Miami, FL 33176	
MGRM	Lomar Group, LLC	5775 Blue Lagoon Dr.	<input checked="" type="checkbox"/> Add
		Suite 350	<input type="checkbox"/> Remove
		Miami, FL 33126	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 1, 2013



Signature of a member or authorized representative of a member

Margarita Galiana

Typed or printed name of signer

Page 3 of 3

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