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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	THE SHOPPES Name of Limit	AT PRIMA VISTA ed Liability Company	, LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	1	EONARD MEYERS Name of Person	
	THE SHOP	PES AT PRIMA Firm/Company	VISTA, LLC
	7465 Bo	NDSBERRY CT.	
	BOCK	RATON, FL 3 City/State and Zip Code	33434
	LRMA	ABMO AOL.COM O be used for future annual report notif	1
For further information con	ncerning this matter, please ca	att:	
LEONARD Name of 1	MEYERS	at (<u>561)</u> <u>483 – (</u> Area Code & Daytim	6705 c 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 MAR -7 AM II: 59

OF

SECTION DA

THE SHOPPES AT PRIMA VISTA; 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 Lial	bility Company were filed on	08-19-2004 and assigned
Florida document number <u>L04000616</u>		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company h	ere:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	I	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 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> **Address** Type of Action **Name** 377 MAIN STREET MGRM PFH MORTGAGE, LLC WEST HAVEN, CT 065110

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	
_	
	MARCH 6 . 2013.
	Signature of a member or authorized representative of a member
	Nangture of a member or allinorized representative of a member

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Filing Fee: \$25.00

