Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CIKLIN LUBITZ MARTENS & O CONNELL

Account Number: 076376001447 : (561)832-5900 Phone

Fax Number : (561)833~4209

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRIME REALTY CAPITAL, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 July 8, 2005 Florida document number L05000067482	and assigned
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 abb	reviation "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) B. If amending the registered agent and/or registered office address on our records, entering registered agent and/or the new registered office address here: Name of New Registered Agent:	SECRETARY OF the Second
New Registered Office Address: Enter Florida street address	
, Florida	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 agr provisions of all statutes relative to the proper and complete performance of my duties, and I am faccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address, I hereby confirm that the lim	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

<u>Title</u>	Name	Address	Type of Action
MGR	Charles Lomingino	2380 College Avenue	Add
		Davie, FL 33317	□ Remove
			□ Change
			D Add
			□ Remove
			Change
-			Add SEC. CRemove
			HAS Change
	***		Y OF STATE OR Move
			Change
			□ Remove
			□ Change
		□ Change	

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Nate: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 (3 rements, this date will not be listed as th
the record specifies a delayed effective date, but not an effective time, and the sound is filed.	at 12:01 a.m. on the earlier of:
Dated July 17, 2015	
Signature of a member or authorized representative of a me	mber
Alan J. Ciklin, as authorized representative	

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Filing Fee: \$25.00