L06000065018

(Re	questor's Name)	
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SECRETARY OF STATE -TALLAHASSEE, FLORIDA

JUL 2 5 2016 S. YOUNG

COVER LETTER

Division of Co	rporations ,			
Skane Inve	estments, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	William Philip Ross Munr	0		
		Name of Person		
	Skane Investments, LLC			
		Firm/Company		
	4004 NW 2nd Avenue			
		Address	 	70
	Miami, 33127			16 JUL 21 PH 2: 40
		City/State and Zip Code		2 44 5 5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	skenero@aol.com			STE. FLORIDA
	E-mail address: (to be used for future annual report notif	ication)	7 7 7
For further information of	oncerning this matter, please ca	all:		2: - GREE
William Munro		786 271 2787		0 %
Name o	f Person		Telephone Number	•
Enclosed is a check for the	ne 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 St Certified Copy	

MAILING ADDRESS:

TO:

Registration Section

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

Skane Investments, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Clorida document number L0600065018	iability Company	were filed on	and assigned
his amendment is submitted to amend the following	owing:		
. If amending name, enter the new name of	f the limited liab	ility company here:	
PRM Real Estate Investments, LLC			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applic	ahla:		
Enter new principal offices address, it applicable: Principal office address MUST BE A STREET ADDRESS)		N/A	, 70
			6
nter new mailing address, if applicable:		N/A	TARY O
Mailing address MAY BE A POST OFFICE BOX)			P
	<u> </u>		23
			5 F
. If amending the registered agent and/egistered agent and/or the new registered of			enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Flori	
		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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			□ Add
			Remove
			Change
			□ Add
		***************************************	□ Remove
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	N/A	
Effective date, if other than the If an effective date is listed, the date must	be specific and cannot be prior to date of filing or more to	(optional) than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this blo	ck does not meet the applicable statutory filing re-	
document's effective date on the De	partitient of State's records.	
		17.01 the
The 90th day after the reco	effective date, but not an effective time rd is filed.	e, at 12:01 a.m. on the earner of
July 20	2016	
Dated		
	1100	
	Signature of a member or authorized representative of a	a member
William Dhillin Dose Ma	166	
William Philip Ross Mu	Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00