

L06000085773

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PRIME GENERAL LLC
Account Number : 120170000053
Phone : (954) 624-4801
→ Fax Number : (954) 241-7812

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

Email Address: patric@primegroupus.com

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
CLUB FALLS OF PORTOFINO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
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7/15/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Club Falls of Portofino 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:

Larry M. Abbo
Name of Person

PRIME GROUP
Firm/Company

4651 Sheridan Street
Address

Hollywood 33021
City/State and Zip Code

administration@primegroupus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry M. Abbo at (954) 624-4807
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

Club Falls of Portofino 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 08/30/2006 and assigned
Florida document number L06000085773.

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 "LLC."

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, 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

City, **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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

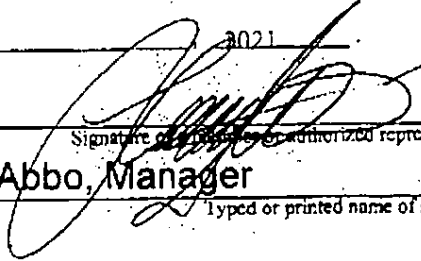
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>FRED ABBO</u>	<u>4651 SHERIDAN STREET SUITE #480</u>	<input type="checkbox"/> Add
		<u>HOLLYWOOD, FL 33021</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>LARRY M. ABBO</u>	<u>4651 SHERIDAN STREET SUITE #480</u>	<input type="checkbox"/> Add
		<u>HOLLYWOOD, FL 33021</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>EVA ABBO</u>	<u>4651 SHERIDAN STREET SUITE #480</u>	<input type="checkbox"/> Add
		<u>HOLLYWOOD, FL 33021</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Prime Hospitality Group V LLC</u>	<u>4651 SHERIDAN STREET SUITE #480</u>	<input checked="" type="checkbox"/> Add
		<u>HOLLYWOOD, FL 33021</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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: 7/7/21 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 14 2021


Signature of officer or authorized representative of a member

Larry M. Abbo, Manager

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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