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DIVISION OF STATE OF STATE

T. HAMPTON

DEC 2 2 2008

EXAMINER

COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT: Prime	Finance Group, LLC		
<u> </u>		ted Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Heather L DeSanto		
		(Name of Person)	
Prime Finance Group, LLC			
		(Firm/Company)	
	12610 World Plaza Lane	Building 61, Unit 1	
		(Address)	
	Fort Myers, Florida 3390		···
		(City/State and Zip Code)	
For further information	concerning this matter, please ca	all:	
Heather L DeSanto		at (_239) 415-2010	
(Name	of Person)	(Area Code & Daytime 1	elephone 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)
Regis Divisi	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime Finance Group, LLC				
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reconited Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Com	npany were filed on 12/19/2006	and assigned		
Florida document number L06000120208				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the desig	gnation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	SS)	08 DE		
Enter new mailing address, if applicable:		File OF CO		
(Mailing address MAY BE A POST OFFICE BOX)				
		——————————————————————————————————————		
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:	(Enter Florida s	street address)		
	Flo	, 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 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>	Address	Type	of Action
MGRM	Roger Campagnolo, III	10310 Carolina Willow Drive Fort Myers, Florida 33913	□ Ad □ Re	id move
MGRM_	BROADS, LLC	_ : ' '	₽ [7] Ad n Re	ld move
			Ad Re	ld move
			Ad Re	ld move
			Add Rer	d nove
			Ado	d nove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	08 DEC 19 AHII: 03	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Dated Decer	mber 15 , 2	2008		ĈÔ
	Signature of a m	ember or authorized representative of a member		
	Bruce K. Harwood	, II		
	•	Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00