## L0800000711224

(Request	tor's Name)	
(Address	s)	
(Address	5)	
(City/Sta	ite/Zip/Phone #)	•
PICK-UP	WAIT MAIL	
(Busines	ss Entity Name)	
(Docume)	ent Number)	
Certified Copies		
Certified Copies	Certificates of Status	
Special Instructions to Filing	g Officer:	

Office Use Only



200293670732

01/09/17--01036--028 \*\*100.00

FILED

17 JAN -9 PN 2:00

SECRETARY OF STATE

TALLANASSEE FIGURE

D. SCOTT JAN 11 2017

## **COVER LETTER**

TO: Registration So Division of Con				
SUBJECT: PR	Name of Limited L	L PARTNER S	LLC	
The enclosed Articles of	Amendment and fee(s) are submitte	d for filing.		
Please return all correspo	ondence concerning this matter to the	e following:		
	SHA	HON BEINER		
		Firm/Company		
	525 0	KEECHOBEE BLU	IP, STE /	650
		Address		
	WEST PALL	BEACH, FL		
	cii SBEIN	ty/State and Zip Code  ERC PRCPLLC  used for future annual report notifie	.coM	TAL SEC
	E-mail address: (to be	used for future annual report notific	cation)	医浴 与 五
For further information of	concerning this matter, please call:			第一
Shavon	Beiner	at (561) 318-1 Area Code Daytime	1295	FILED JM -9 PH 2:  RELIARY OF STA  ANASSEE ()-OR
Name o	of Person	Area Code Daytime	Telephone Number	- S - S
				- <del> </del>
Enclosed is a check for the	he following amount:			,
\$25.00 Filing Fee	_	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

PRIDEROCK CA	TPITAL PARTHERS,	UC
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number	4	2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, ress here:	enter the name of the new
Name of New Registered Agent:		A CO
New Registered Office Address:		
	Enter Florida street address	Fig. 7 Fig.
	, Flo	rida Ziji Code
New Registered Agent's Signature, if changing Registere	d Agent:	8 F. F.

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

Title	<u>Name</u>	Address	Type of Action
MGRIM	KHOURY DAVID	525 Oke echobee BNd	🗆 Add
		Suite 1650	A Remove
		WestPalm Beach, FZ 3	ラメの / □ Change
MGRM	BANKS, GEORGE	13808 Fairlane Cour	
•		Wellington, FL 33414	Remove
			Change
MORM	GEORGE FISHERMANS,	uc 525 Okaechobee Bl	VC Add
			□ Remove
		West Palm Beach, FZ 33401	Change
MERM	DNK PRCP, LLC	525 Okeechobee Blud	Add
		SwiTE 1650	□ Remove
		West Palm Beach, 7	<u>U</u> □ Change
		3340)	
			□ Remove
			Change
			当人人
			PRemove
			Change

	•		ĺ		,	e: (Attac					
					<del></del>		·		· · · · ·		
, ,	-				<del></del>						
		•					<u></u>		<u> </u>		
				_	, , , , , , , , , , , , , , , , , , , ,						
							· · <u>-</u>				
			<u></u>							<del>.,.,</del>	
	<del></del>		<u>-</u>		<u></u>						
					·						
			_								
		<del></del>			<del></del>						
ctive of cffoctive	date, if oth ve date is liste	i <b>er than t</b> i xd, the date r	he date o nust be spec	f filling: ific and c	annot be prio	r to date of	filing or mor	e than 90 da	ys after filir	l) ig.) Pursuant to 605.	.020
<u>e:</u> If tl ument'	he date inse 's effective (	rted in this date on the	block doe Departme	s not me int of Sta	et the applicate's records	cable statu	tory filing	requiremet	ıts, this da	te will not be liste	d a
										聖	71
	d specifies th day af				te, but no	ot an eff	ective tir	ne, at 12	2:01 a.m	on the earlie	
ed		lanua	ry s	·	201	<u>7</u> .				OF STATE	3
							-W			ブ 	
			Signatu		ember or auti						
			/ }		// 1.		/		1	insuc	

Page 3 of 3

Filing Fee: \$25.00