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SECRETARY OF STATE

D. BRUCE

APR 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRH/LA INVESTMENTS, 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:	
STEFANTE ILES (Name of Person)	
THE RELATED GROVA (Firm/Company)	
315 S. BISCAYNE BUD.	5
MIAMI, FL 33131 (City/State and Zip Code)	
For further information concerning this matter, please call:	M
STEFANIE ILES at 305 440 - 9900 FM (Area Code & Daytime Telephone Number)	5 O
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

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

(Name of the Limited L (A F	iability Company as it now appears o lorida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liab	oility Company were filed on NOV.	5,208 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
PRH INVESTMENTS, I The new name must be distinguishable and end with a "L.L.C."	the words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	7 0 T
Enter new mailing address, if applicable:		PIL PAPR -8 CRETARY LAHASSEE
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	OF A F
B. If amending the registered agent and/or registered agent and/or the new registered office	~	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter	Florida street address)
		, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Address** Title <u>Name</u> ☐ Add Remove ☐ Add Remove Add [Remove ☐ Add Remove Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated APPIL 1 ST Signature of a member or authorized repre-JEFFERY HOYOS, VICE PRESIDENT
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00