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K. SALY EXAMINER OCT 2 6 2011

## **COVER LETTER**

	ration Section on of Corporations
SUBJECT:	Prime Hospitality Group LLC
	Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return al	correspondence concerning this matter to the following:
	Larry M. Abbo
	Name of Person
	Prime Hospitality Group LLC
	Firm/Company
	4651 Sheridan Street, Suite 480
	Address
	Hollywood, FL 33021
	City/State and Zip Code
	larry@abbo.net E-mail address: (to be used for future annual report notification)
For further into	rmation concerning this matter, please call:
	Larry M. Abbo         at ( 954 )         392-8788 Ext 307           Name of Person         Area Code & Daytime Telephone Number
Enclosed is a cl	neck for the following amount:
<b>▼</b> \$25.00 Filio	g Fee \$\int_{\}\$30.00 Filing Fee & \$\int_{\}\$55.00 Filing Fee & \$\int_{\}\$60.00 Filing Fee,  Certificate of Status & 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

## TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Prim	e Hospitality Group, LLC		SSEE E BRIDA
( <u>Name of the Limited I</u> (A I	Jability Company as it now appear Porida Limited Liability Company)	s on our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Lia Florida document number	· · ·	09/02/2009	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company here	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	av.		
B. It amending the registered agent and/or registered agent and/or the new registered offi	registered office address on o	ur records, <u>enter t</u>	
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street addi	ress
		, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

4 ...

Title	Name	Address	Type of Action
MGR	Fred Abbo	4651 Sheridan Street, Suite 480 Hollywood, FL 33021	Add Remove 
MGR_	Larry M. Abbo	4651 Sheridan Street, Suite 480 Hollywood, FL 33021	Add  ✓ Remove
MGR_	Eva Abbo	4651 Sheridan Street, Suite 480 Hollywood, FL 33021	Add Remove 
MGR_	Susana Abbo	4651 Sheridan Street, Suite 480 Hollywood, FL 33021	Add ✓ Remove
MGRM	PMG Asset Services, LLC	4651 Sheridan Street, Suite 480 Hollywood, FL 33021	☑Add □Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	Add Remove
Dated	October, 11 20	all Mh	<del></del>
	Signature of a member	TW .	
		/ M. Abbo, Manager For printed name of signee	

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Filing Fee: \$25.00