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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
SHARKSEE FLORIDA

D. SCOTT JUN 1 6 2017

COVER LETTER

Division of Corporations
SUBJECT: PRIMARY Realty LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linda E. Dole Name of Person
Primary Bealty LLC Firm/Company
780 Deltona Blva Suite 101 Address
Deltona, FL 32725 City/State and Zip Code
Primary Realty LC Qyan O. Com E-mail address: (to-be used for fundre annual report notification)
For further information concerning this matter, please call: Bank Kaleky at (386) 315-5522 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Primar	V Kealty LLC	
(Name of the Limited (A	Liability Company as it now appears on of Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab	pility Company were filed on $0a-a$	26-2010 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our	RECRETARY OF STARRY OF STA
New Registered Office Address:		
Tion Respired Office Hadross.	Enter Florida str	eet 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 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 **Name** <u>Address</u> **Type of Action** MGR Wayne J. Scott 780 Deitona Bird # 101 Deitona. FL 32725 Remove ☐ Change Barry L. Kaleky 780 Deitona Bivd # 101 Deitona, FL 32725 ☐ Change □ Add □ Remove ☐ Change _□ Remove _□ Change □ Add ☐ Remove ☐ Change

11 amending	any other into	ormation, enter ch	ange(s) here:	(Anach adamor	uai sneeis, ij nece	ssury.j	
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an effective dat	te is listed, the date	must be specific and c	annot be prior to d	late of filing or more	than 90 days after f	iling.) Pursuant to 605.	0207 d
<u>Yote:</u> It the da locument's eff	ate inserted in th fective date on th	is block does not me he Department of Sta	et the applicable ate's records.	e statutory ming i	equirements, uns		
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		ayed effective da record is filed.	te, but not a	n effective tin	ne, at 12:01 a.	m. on the earlie	r of:
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Dated		6-8, NOLA Signature of a me	2017	•			
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	•	Signature of a me	mber or authorize	d representative of	a member		
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Page 3 of 3

Filing Fee: \$25.00